

KENTUCKY DRUG COURT

Adolescent Intake Assessment



Copyright © 2001 Kentucky Administrative Office of the Courts

Version 2.0

Kentucky Drug Court Adolescent Intake Assessment (KDC-AIA) Manual

Created by

**Center on Drug And Alcohol Research
University of Kentucky
Dr. TK Logan
1151 Red Mile Road, Suite 1-A
Lexington, KY 40504-2645
(859) 257-8248**

**Messer Technology LLC
Mr. Jeb Messer
2020 Armstrong Mill #632
Lexington, KY 40515
(859) 321-7536**

June 2001

This project was supported by Award No. 98-JB-VX-0021 awarded by the Office of Juvenile Justice and Delinquency Prevention, Office of Justice Programs through the Kentucky Department of Juvenile Justice.

Table of Contents

Introduction	5
KDC-AIA Installation Guide	7
Opening the KDC-AIA Program	8
Using the KDC-AIA.....	9
Section 1: Locator Information.....	10
Section 2: Demographic Information.....	12
Section 3: Medical Health Information.....	15
Section 4: Education/School Information.....	17
Section 5: Employment Information.....	19
Section 6: Drug and Alcohol Information	21
Section 7: Criminal Justice History Information	23
Section 8: Family Information	25
Section 9: Social Information.....	27
Section 10: Mental Health Information.....	29
Section 11: Client Strengths Assessment.....	31
Section 12: Interviewer Ratings.....	32
Saving and Opening Client Files	33
KDC-AIA Client Report	37
Additional Help Resources	38
Technical Information	39
Frequently Asked Questions	40
POSIT Information, References, and Scoring.....	41
EXAMPLE: Scoring the POSIT.....	44
Using the KDC-AIA Parent/Guardian Questionnaire.....	48
POSIP Information.....	50
EXAMPLE: Scoring the POSIP.....	51
KDC-AIA Client Report Examples.....	61
Question Index.....	77

List of Appendices

Appendix A.....	KDC-AIA Paper Version
Appendix B.....	POSIT Scoring Sheets
Appendix C.....	KDC-AIA Parent/Guardian Questionnaire
Appendix D.....	POSIP Scoring Sheets

Introduction

This manual is for the Kentucky Drug Court Adolescent Intake Assessment (KDC-AIA).¹ The KDC-AIA assessment is a completely automated Visual Basic Program consisting of twelve different sections and an optional parent-adolescent assessment:

- Section 1: Locator Information
- Section 2: Demographic Information
- Section 3: Medical Health Information
- Section 4: Education/School Information
- Section 5: Employment Information
- Section 6: Drug and Alcohol Information
- Section 7: Criminal Justice History Information
- Section 8: Family Information
- Section 9: Social Information
- Section 10: Mental Health Information
- Section 11: Client Strengths Assessment
- Section 12: Interviewer Ratings

Upon completion of the assessment, the program generates a report summarizing the client's responses. Examples of the report can be found in Appendix A on page 48.

Each section of the intake assessment asks for specific information which is outlined in this manual as well as interviewer ratings of the client's need for counseling services in eight major domains (medical health, education, employment, drug and alcohol information, criminal justice history, family information, social information, and mental health information). In addition, each section provides space for interviewer comments. These comments will be printed in the comment area of the final KDC-AIA client report. It is important to remember everything written in the comment section will be printed on the report. Thus, these reports will need to be kept confidential. The last section of the assessment asks for interviewer ratings regarding the overall client presentation during the interview and final comments. These final comments and ratings are also printed out in the client report.

¹ The KDC-AIA was adapted from Brown, E., Frank, D., & Friedman, A. (1997). Supplementary Administration Manual for the Expanded Female Version of the Addiction Severity Index (ASI) Instrument The ASI-F. US Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Center for Substance Abuse Treatment. DHHS Publication Number 96-8056. Kaminer, Y., Bukstein, O., & Tarter, R. (1991) The Teen-Addiction Severity Index (T-ASI): Rationale and reliability. International Journal of Addictions, 26, 219-226. Kaminer, Y., Wagner, E., Plummer, B., & Seifer, R. (1993). Validation of the Teen-Addiction Severity Index (T-ASI): Preliminary findings. American Journal of the Addictions, 2, 250-254. McLellan, A., Luborsky, L., O'Brien, C., & Woody, G. (1980) An improved diagnostic instrument for substance abuse patients: The addiction severity index. Journal of Nervous and Mental Diseases, 168, 26-33. McLellan, A., Kushner, H., Metzger, D., Peters, F., Smith, I., Grissom, G., Pettinati, H., & Argeriou, M. (1992). The fifth edition of the addiction severity index. Journal of Substance Abuse Treatment, 9, 199-213. Rahdert, E. (Ed.). (1991). The Adolescent Assessment/Referral System Manual. DHHS Pub. NO. (ADM) 91-1735. Rockville, MD. National Institute on Drug Abuse.

The KDC-AIA was adapted from several sources to meet the needs of Kentucky Juvenile Drug Court programs. As a part of this assessment, several scales from the Problem Oriented Screening Instrument for Teenagers (POSIT) were included to aid in assessment. More information is provided about these scales in this manual.

There are two versions of the KDC-AIA. One is the computerized version which works on either a laptop or desktop computer. The second version is a paper version. The paper version of the KDC-AIA should be used when a computer is not available. Both the computer version and the paper version of the instrument is provided in this packet. In the case an interviewer must record the assessment on the paper version, the POSIT will need to be scored by hand. More information about hand scoring the POSIT is provided in this manual.

Finally, an optional parent questionnaire is provided. This questionnaire can be used to assess the extent to which the family feels the adolescent has substance abuse problems. The parent questionnaire includes the Problem Oriented Screening Instrument for Parents (POSIP). The parent questionnaire is not computerized and must also be hand scored. More detail is provided about the parent questionnaire and the POSIP later in this manual.

The program and report were designed for the Kentucky Drug Court Program to complete three main purposes:

- (1) To assist in eligibility assessment for Clients between the ages of 12 to 19 years old;
- (2) To aid in designing individual treatment plans for new clients; and,
- (3) To measure client progress upon exiting the program.

The KDC-AIA program was designed as a component of the Kentucky Drug Court Management Information System. The data collected using the KDC-AIA can be exported to a database. In this case the AIA will begin a new client file in the overall Drug Court MIS. However, the KDC-AIA can also be used by itself.

The KDC-AIA program is administered by the drug court staff as an assessment tool to determine eligibility for the drug court program. The AIA is multidimensional instrument used to diagnose, evaluate, and assess change in a client's drug abuse patterns. It identifies personal and family background, current status, and problems in eight domains as previously mentioned. The AIA is a computerized assessment tool based on the concept that successful treatment of drug offenders must address problems that may have contributed to their drug dependency.

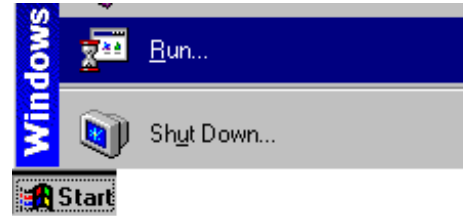
Installation Guide

Installation

The KDC-AIA program can be installed from either a CD or 3.5" Disks. Where possible CD installation is recommended.

Installation From CD

Insert the KDC-AIA Compact Disk into the CD drive. Click on the Start button in the left bottom corner this will give you the Windows menu selection. Next, click on the Run menu item.

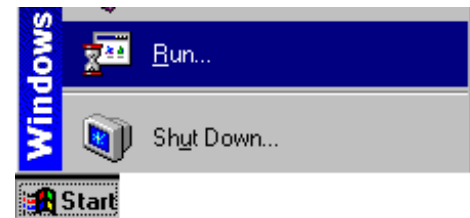


Once Run is selected, this opens the Run Box. Type the CD-Rom drive location as indicated by D:\setup.exe. Next, Click on "OK" and continue to follow the instructions until setup is complete.



Installation from Floppy Disk

You will be given two 3.5" disks for you installation process. Insert Disk 1 into the disk drive. Click on the Run menu item, this will open the Run Box. Type the 3.5" disk drive location as indicated by D:\setup.exe. Next, click on "OK" and continue until you are prompted to insert Disk 2, then follow the instructions until setup is complete.

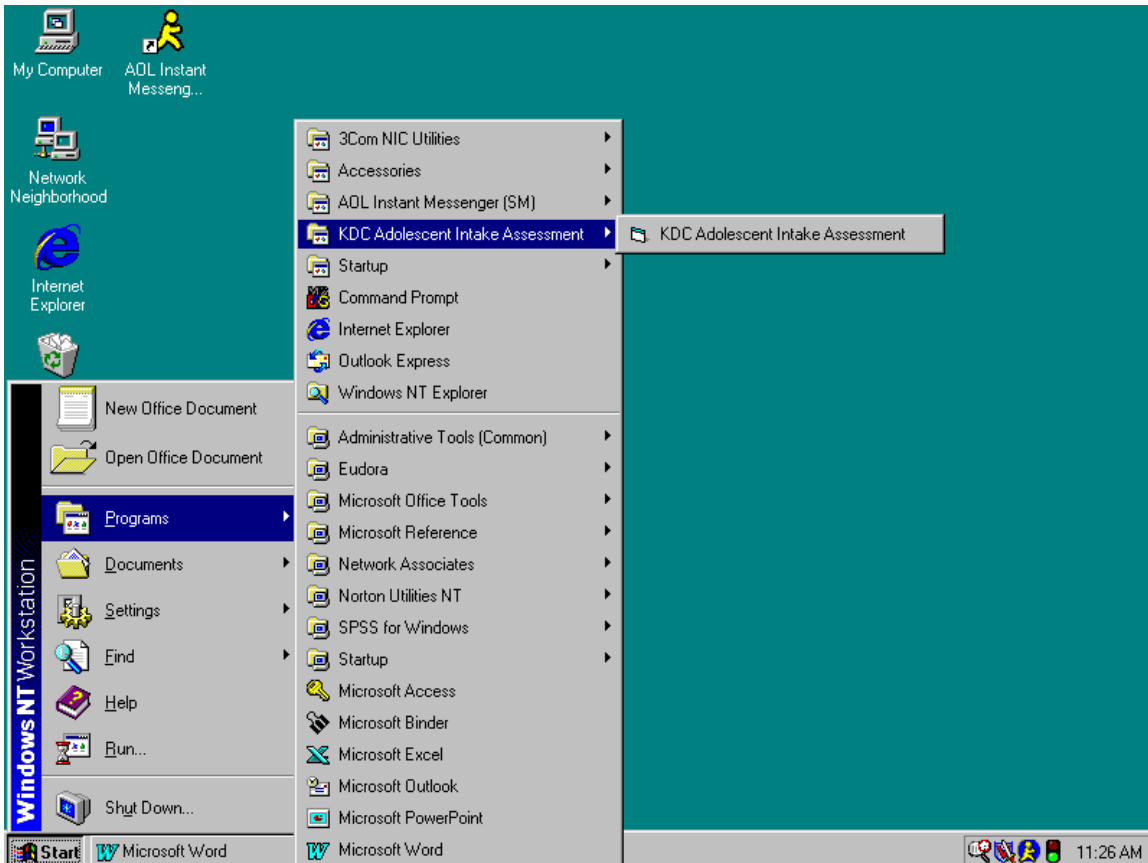


It is important to note that if your computer has to be restarted during the installation process, the user should resume the installation with disk one and start from the beginning.

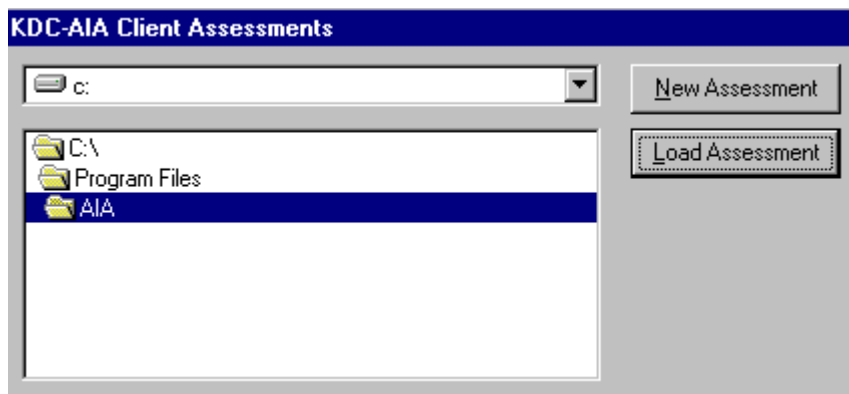
It is important to note that if your computer has to be restarted during this process, the user should resume the installation with disk one and start from the beginning.

Opening the KDC-AIA

To open the KDC-AIA program, click on the **Windows Start** button.



The **Programs** menu items will appear. You will then double click on the **KDC-Adolescent Intake Assessment** from the program menu. You may name the program AIA or a file name that you will distinguish as the KDC-AIA file.



Next, select either **“New” Assessment** (creating a new client file) or **“Load” Assessment** (from an existing client file). You may begin entering your new client information or editing an existing client file.

Using the KDC-AIA

The following pages review the specific interviewer instructions for each of the twelve sections included in the KDC-AIA.

Section 1: Locator Information

This section compiles extensive locator information for the client or prospective client. The goal of this section is to gather as much locator information as possible to help in contacting this individual in the future.

The first few questions are general questions pertaining to the assessment report. **Question 1 through 4** identifies client and client's permanent residential address, how long the client has lived at that residence and whether the client or the client's family owns the residence.

The screenshot shows a web-based form titled "Kentucky Drug Court AIA -- Locator Information". The form is divided into two main sections. The top section contains fields for "Date of Assessment" (with a date picker showing 02-07-2001), "Time assessment began" (with a time picker showing 12:10 AM), "Interviewer's name" (a text input field), and "Drug Court Site" (a dropdown menu). The bottom section, titled "Locator Information", contains four numbered questions. Question 1 asks for the client's name, with fields for Last name, First name, and MI. Question 2 asks for the permanent address, with fields for Street address, City, State, and Zip code. Question 3 asks how long the client has lived at this address, with a "Years" input field. Question 4 asks if the current residence is owned by the client or their family, with "No" and "Yes" radio buttons. A "Next Page" button is located at the bottom right of the form. The taskbar at the bottom shows the Start button, open applications (Microsoft Word - KDC-AIA..., Kentucky Drug Court ...), and the system clock (12:40 PM).

Question 5 in this section asks for their BEST mailing address. This may or may not be the same address the client listed as their permanent residence. If client is living with friends, other family members or has been removed from the home, the **current address** will not be the **client's permanent mailing address**.



Question 6 asks about phone numbers to reach the client and names of individuals who may answer at those numbers. Here probing the individual for at least two names for each phone number may, again, provide helpful information when trying to contact the individual in the future. (eg. Parents' home or work number, friends, employer/manager, grandparents or other family members)

Questions 7 through 9 focus on employment contact information. There is no space indicated for the supervisor or manager's name, therefore, the interviewer might indicate this in the comment section for future use. If the person is not currently employed then skip to Question 10.

Questions 10 through 13 ask about school and school contact information. At some point you may want to contact the school for more information. Your most likely contact at the school may be with the guidance counselor so there is a place to record the name of the guidance counselor. However, if there is more information provided than indicated by the assessment, the information may be included in the interviewer comments. More school information will be collected later in the assessment as well.



Question 14 asks if the client is in the correct grade. This question asks whether the client has gone through all the grades in school consecutively and on time. For instance if they have been held back for any reason (such as illness or treatment) they would not be in the "correct" grade.

Questions 15 through 17 ask about usual and current custody status. In most cases the answers to these two questions will be the same. However, in some cases they may be different. For example, these answers will be different if the adolescent was temporarily removed from the home.

It is critical to record the client's siblings from the youngest to the oldest

Question 18 asks about information concerning the siblings of the client. Information such as age, gender, relation between the sibling and the client, and if the client currently lives with the sibling will be collected. It is critical to record the client's siblings from the youngest to the oldest.

Question 19 and 20 ask about guardian and close relative (individual's mother, grandmother or other close relative) contact information. Research suggests that a mother or grandmother are most likely know where an individual is. In addition, there is room for information about another person who may know where the individual is at all times. The goal of these questions are to get names and contact information for individuals who will most likely be in contact with or know how to reach the prospective client.

Question 21 provides room for the interviewer to document any additional information or comments regarding locator information. These comments will be printed out on the KDC-AIA report.

The goal of this section is to gather as much locator information as possible to help in contacting this individual in the future.

Section 2: Demographic Information

The purpose of the Demographic Information section is to capture basic descriptive information about the client. It is important to note that there are two variations of this section, one for males and one for females. The program will automatically select the correct format for the user based on what gender is selected on Question 3 of Demographic Information section.

Question 1 and 2 in this section captures key individual information—date of birth and the client's social security number. This information is used by the database as a key for linking and identifying the client information throughout the course of their participation. If the number is wrong or entered incorrectly, there will be problems linking the data later on.

The screenshot shows a software window titled "Kentucky Drug Court AIA -- Demographic Information". The window has a menu bar with "File" and "View". The main area is divided into two columns. The left column contains a list of questions under the heading "Demographic Information":

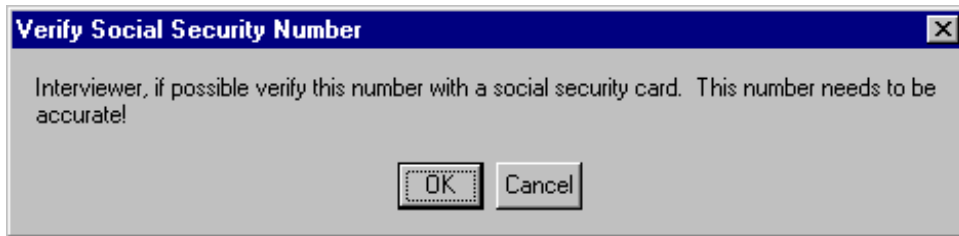
1. What is your birth date?
2. What is your Social Security Number?
3. What is the client's gender?
4. In what country were you born?
 - 4a. How many years have you lived in the U.S.?
5. What race do you consider yourself to be?
6. Who is the major wage earner in your household?
7. What is your [insert answer from #6 here] occupation?

The right column contains the corresponding input fields and buttons:

- Client's birth date (MM-DD-YYYY) with a text input field.
- SSN with a text input field.
- Gender with two buttons: "Male" and "Female".
- Origin with two buttons: "US" and "Non-US born".
- Years living in the U.S. with a text input field.
- Race with a dropdown menu.
- Major Wage Earner with a dropdown menu and a "Specify" button (which is red).
- Occupation with a dropdown menu.
- At the bottom, there are two buttons: "Previous Page" and "Next Page".

The Windows taskbar at the bottom shows the Start button, several open applications (Kentucky Drug Court, Microsoft Word - KDC-AIA, Microsoft Word), and the system clock showing 2:10 PM.

When entering the Social Security Number a message prompts the user to verify the social security number with a social security card if at all possible.



It is very important when recording the social security number that it be correct. If possible, please verify the social security number with a social security card or other official documentation. If it is wrong or entered incorrectly, there will be problems linking the data later on.

Question 3 asks about the client's gender. The information supplied for this question will determine which version of the assessment (male or female) is administered to the client. (The gender is also important in determining the answer to number 9 of this section.)

Questions 4 and 5 indicate the client's race and ethnic background.

Questions 6 and 7 ask about the primary wage earner in the adolescent's home. This information may be important in assessing the family's ability to pay for treatment or extracurricular activities.

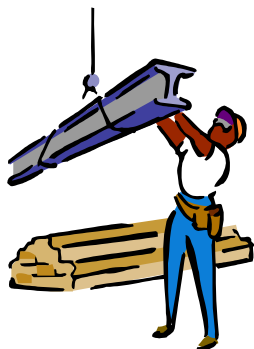
Work categories include:

- **Professional and technical** (accountant, architect, engineer, lawyer/judge, scientist, doctor, registered nurse, teacher, social worker, writer, entertainer, draftsman)
- **Manager and administrator** (office manager, sales manager, school administrator, government official, small business owner)
- **Sales** (sales representative, insurance agent, real estate broker, bond sales person, sales clerk or other sales people, cashier)
- **Clerical or office worker** (bank teller, bookkeeper, secretary, file clerk, typist, postal clerk/carrier, ticket agent)
- **Craft and kindred** (baker, carpenter, electrician, brick layer, mechanic, machinist, tool/die maker, telephone installer)
- **Operative** (assembler, checker, gas station attendant, meat cutter, packer, laundry/dry-cleaning operator, miner, welder, garage worker).
- **Transportation equipment operative** (bus/cab driver, chauffeur, truck driver, delivery person)
- **Non-farm laborer** (construction, freight handler, sanitation worker, car washer, yard worker, odd-job person)
- **Private household worker** (maid, butler, cook)



- **Service worker** (cook, waiter, barber, janitor, practical nurse, caretaker for children, day care worker, beautician, police officer, firefighter)
- **Farmer or farm manager**

- **Farm laborer** (field boss, picker)
- **Military service**
- **Other** (description of job not listed)
- **Never had a job**



In addition, this section asks about whether the client has been in a controlled environment and what type of setting the client is placed in. It is important to note, if client has been in a controlled environment questions that ask about behavior in the past 30 days should refer to the past 30 days on the street.

Example:

For example, lets say a prospective client “John” has been incarcerated for 15 days out of the last 30 days. When you ask John about his cocaine use in the past 30 days, he tells you he has used cocaine on 7 out of the past 30 days (it is unclear whether this client only used 7 days or if he used 7 days because half of the month he was incarcerated and did not have access to cocaine).

However, if you ask John how many days he used cocaine in the past 30 days while he was on the street (i.e., not incarcerated or not in a controlled environment), he tells you he used 20 days out of the past 30 days on the street. These answers are very different depending on the way the questions are asked. Since the goal of this assessment is to find out about drug use patterns—it is important to assess drug use while a client is NOT in a controlled environment.



After assessing whether the client has been in a controlled environment, the final questions in this section refer to the client's pregnancies, (or pregnancies a male is responsible for), how old they

were when the first child was born, and number of children they currently have.

At the end of Section Two a space is provided for interviewer comments regarding demographic and child information about the client. These comments will be printed out on the KDC-AIA report.

Section 3: Medical Health Information

The purpose of the Medical Health Information section is to assess basic medical status of the client.

Questions 1 and 2 ask about hospitalization (exclude birth of child). **Question 3** asks about chronic medical problems that continue to interfere with their life. It is important to record separate medical problems the client has by using a comma. The different medical problems listed will be incorporated into the MIS database as separate variables. In addition, the medical problems will be printed out on the KDC-AIA client history report.

The screenshot shows a software window titled "Kentucky Drug Court AIA -- Medical Information". The window contains a form with the following sections:

- Medical Information**
 - 1. How many times in your life have you been hospitalized for medical problems? *(Include ODs and DTs; Exclude birth of a child)*
Times hospitalized:
 - 2. How long ago was your last hospitalization for a medical problem? *(Exclude birth of a child)*
Last hospitalized?:
 - 3. Do you have any chronic medical problems that continue to interfere with your life?
Chronic medical problems? *(Separate answers with commas)*
No Yes
 - 4. Have you ever had any of the following health problems?
 - Hepatitis (B, C)
 - Chlamydia (NGU)
 - Syphilis
 - Gonorrhea (GC, clap, dose)
 - Pelvic Inflammatory Disease (PID)
 - Genital Warts (HPV, venereal warts)
 - HIV +
 - AIDSHealth problems?

No	Yes
No	Yes
No	Yes
No	Yes
No	Yes
No	Yes
No	Yes
No	Yes

At the bottom of the form are two buttons: "Previous Page" and "Next Page". The Windows taskbar at the bottom shows the Start button, open applications (Microsoft Word - KDC-AIA ..., Kentucky Drug Court ...), and the system clock (12:42 PM).

When recording the client's different medical problems and prescription medications, it is important to remember to separate each medical problem or medication with a comma (e.g., Questions 3 & 6). These will be incorporated into the MIS database as separate variables. In addition, these will be printed out on the KDC-AIA client history report.

Questions 4 & 5 refer to the client's history of sexually transmitted diseases and if there is any history of seizures.

Question 6 asks the client if he/she is taking any medication for a physical problem. When recording medication(s), please remember to separate each medication with a comma. In addition, these will be printed out on the KDC-AIA client history report.

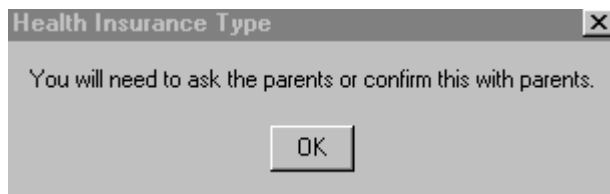
Questions 7 & 8 ask about the client's cigarette smoking habits.



Questions 9 & 10 of this section ask the client about their current health insurance plan or program (the options appear in red.) It is important to note that if the user scrolls their mouse over top of the options an explanation will be produced as shown below.

MEDICAID	<input type="text"/>
MEDICARE	<input type="text"/>
A public health insurance program for person 65 and older and for certain disabled persons	<input type="text"/>

You (the interviewer) will be prompted to ask for parent verification of the type of insurance coverage or the type of medical covered program indicated.



Question 11 asks the client how many days in the past 30 they have experienced medical problems.

The interviewer is then asked for their rating of the seriousness of the client's need for medical health treatment.

Section 4: Education/School Information

The education section should be assessed whether or not the adolescent is currently in school. If the client is not currently in school refer to the last months the client was in school for each of the questions.

Questions 1 and 2 assess the client's formal education and technical training history.

Question 3 asks about the number of different schools the client has attended in the past year or the last year in school.

Questions 4 and 5 ask about school performance for the last report card the adolescent had and the overall grade average for the last year the adolescent was in school.



Kentucky Drug Court AIA -- Education/School Information

File View

Education/School Information

1. Have you completed any training or technical education?

Completed training?
No Yes

2. What is the highest grade you completed? (GED = 12 years)

Years

Schools

3. How many different schools have you attended in the past school year(or the last year you were in school)?

4. What was your grade average, or which grade letter is closest to your grade average, on your last report card?

Average Grade?
A B C D F

5. What was your grade average, or which grade letter is closest to your grade average, for the last year (or the last year you were in school)?

Average Grade?
A B C D F

Previous Page Next Page

Start Microsoft Word - KDC-AIA ... Kentucky Drug Court ... 12:37 PM

Question 6 assesses school disciplinary problems. This series of questions asks about being late to school, missing school days for reasons other than skipping, cutting school for a whole day, time spent in detention or other disciplinary actions like being sent to the principal's office, and whether the adolescent had ever been suspended from school. There is a question for each of these topics asking about different time frames and how often they occurred including: ever, whether or not it happened in the past 3 months, how often in the past 3 months, whether it happened in the past 30 days and how often in the past 30 days. (Question 6c will be used in the Posit scoring, see page 41)

Question 11 asks for the interviewer rating on the severity of the adolescent's school problems. **Question 12** asks for any additional comments the interviewer may have related to school for this client.

It is important to remember that the education section should be assessed whether or not the client is currently in school. If the client is not currently enrolled in school refer to last months the client was attending school for each of the questions.

Section 5: Employment Information

The purpose of the Employment Information section is to assess the client's current employment and previous employment history.

Question 1 asks whether the client has a valid drivers license. If the client does not have a valid drivers license, then inquire as to why not. When typing this into the program keep in mind it will print out on the report.



If the client does have a valid drivers license please ask to see it. Carefully and accurately record the drivers license number and expiration date. This information may be useful when trying to locate the client.



Question 2 asks whether the adolescent has an automobile available for use or not.



Question 3 through 9 asks about employment. **Question 3** asks if the client has ever been employed. If the client has never held a job, skip to Question 10.

Question 4 assesses if the client is currently employed. If the client is NOT currently employed ask question 4a—which assesses how long they were employed at their last job. If the client is currently employed—go to question 4b—which asks how long they have been in their current employment.

Question 5 asks whether their current job (or the last job they had) was full time, part time or some other combination of hours. Question 6 asks whether they are/were frequently absent or late to work and Question 7 asks if they have ever been fired from a job.

Carefully, record the client's license number as it appears on the valid Driver's License.

The screenshot shows a software window titled "Kentucky Drug Court AIA -- Employment Information". The window contains a form with the following sections and questions:

- Employment Information**
 - 1. Do you have a valid driver's license?
 - Buttons: No, Yes
 - Text input: Why not?
 - Text input: Driver's License Number?
 - 2. Do you have an automobile available for use?
 - Buttons: No, Yes
 - 3. Have you ever held a job?
 - Buttons: No, Yes
 - 4. Are you currently employed?
 - Buttons: No, Yes
 - 4a. If NOT currently employed, how long was last job?
 - Input fields: Years, Months
 - 4b. If currently working, how long have you worked at your current job?
 - Input fields: Years, Months
 - 5. Is (was) this job:
 - Dropdown menu: Job type
 - 6. Are (were) you frequently absent or late to work?
 - Buttons: No, Yes
- Navigation buttons: Previous Page, Next Page

The Windows taskbar at the bottom shows the Start button, open applications (Microsoft Word - KDC-AIA..., Kentucky Drug Court AIA - ...), and the system clock (12:35 PM).

Question 8 asks about the number of different jobs the adolescent has had in the past year.

Question 9 asks about how many days the adolescent was paid for working in the past 30 days. This question should refer to the last 30 days regardless if they are currently working or not.

Question 10 asks whether it is important to the adolescent to get or keep a satisfactory job.

Question 11 asks for the interviewer rating of employment problems for this client.

Question 12 asks for interviewer comments regarding employment.



Section 6: Drug and Alcohol Information

The purpose of this section is to collect information on substance abuse and the previous treatment history

Question 1 asks a series of questions regarding substance abuse including whether the client has ever used, age of first use, days used in the past 30 days, and the number of years the client used the substance regularly in their lifetime. In addition, there is room to record any client comments for each specific substance category. These comments will be printed out in the report

Drug and Alcohol Information	Ever used?	Age of 1st Use	# Days used past 30 on street	# Years used in lifetime	Comments
1.1 Alcohol, any use	No Yes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Comments
1.2 Marijuana	No Yes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Comments
1.3 Cocaine	No Yes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Comments
1.4 Crack Cocaine	No Yes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Comments
1.5 Amphetamine	No Yes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Comments
1.6 Barbiturates (downers) or Other sedatives/hypnotics/tranq	No Yes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Comments
1.7 Opiates/analgesics painkillers	No Yes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Comments
1.8 Ecstasy	No Yes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Comments
1.9 OxyContin	No Yes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Comments
1.10 Hallucinogens	No Yes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Comments

Previous Page Next Page

Drug Comments

Hallucinogens comments

OK

Cancel

Question 2 is a series of questions from the Problem Oriented Screening Instrument for Teenagers (POSIT). The POSIT is explained in more detail later in the manual.



After answering yes or no to the questions 2a through 2q a risk score will be computed and will print out on the client report. The risk score will be a number between 0 and 17. The higher the client's score the more severe their substance abuse problem. (Also, see page 41)

Questions 3 and 4 ask if the client has received treatment for his/her related experience with drugs or alcohol. **Question 3** is concerning whether the client has ever been treated for drug and alcohol abuse. **Question 4** assesses lifetime, past year and past 30 day experiences with detox, inpatient and outpatient treatments. These questions exclude AA/NA as treatment options.

Questions 5 through 7 assess the client's experiences with AA/NA. **Question 5** asks if the client has ever attended AA/NA meetings. **Question 6** asks whether they have attended a meeting in the past year. **Question 7** pertains to the number of meetings attended in the last 30 days.

Questions 8 and 9 ask for the interviewer ratings of how much they believe the client needs help with their alcohol and drug problems.

Question 10 asks for comments on the drug/alcohol information. These comments will be printed on the final report.



Section 7: Criminal Justice History Information

This section asks the client to self-report their criminal justice history. In no way should this section serve as a substitute for an official criminal history record.

In no way should this section serve as a substitute for an official criminal history record.

Question 1 asks whether the client is currently on probation or conditional release.

Question 2 asks about how many times the client has been in detention or incarcerated in their life.

Question 3 asks about how much time total, the client has spent in detention.

Questions 4 and 5 ask how long their last detention or incarceration was and why the adolescent was in detention or incarceration—i.e., what the specific charges were.

The screenshot shows a web-based form titled "Kentucky Drug Court AIA -- Criminal Justice Information". The form is divided into two columns. The left column contains five numbered questions. The right column contains the corresponding input fields or buttons for each question. At the bottom of the form are "Previous Page" and "Next Page" buttons. The Windows taskbar at the bottom shows the Start button, open applications (Microsoft Word - KDC-AIA ..., Kentucky Drug Court ...), and the system clock (12:45 PM).

Kentucky Drug Court AIA -- Criminal Justice Information

File View

Criminal Justice History Information

1. Are you on probation or conditional release now?

Probation or parole?

No Yes

2. How many times have you been in detention or incarcerated in your life?

Times

3. In all how much time have you spent in detention or incarcerated in your life?

Ever been in detention or incarcerated?

4. How long was your last detention or incarceration?

Length of last detention or incarceration?

5. Reason for last incarceration?

Shoplifting

Vandalism

Truancy

Trespassing

Parole/Probation violation

Reason of last incarceration?

No Yes

No Yes

No Yes

No Yes

No Yes

Previous Page Next Page

Start Microsoft Word - KDC-AIA ... Kentucky Drug Court ... 12:45 PM

Please note on the list of all the charges, assault is broken up into two types—assault not related to domestic violence and assault related to domestic violence.

Question 6 asks whether the client is currently awaiting charges, trial or sentencing. **Question 7** asks for what charges the client is currently awaiting charges, trial or sentencing.

Question 8 asks how many days in the past 30 the client was engaged in any kind of illegal activities for profit.

Question 9 asks for the interviewer ratings of the client's need for legal services or counseling. **Question 10** asks for the interviewer comments regarding client's legal issues. These comments will be printed in the final client report.

Notice on the list of all the charges, assault is broken up into two types—assault not related to domestic violence and assault related to domestic violence.



Section 8: Family Information

The purpose of the Family Information section is to gather background information on members of the client's family who have a history of alcohol, drug and/or psychiatric problems. It also serves to gather a background on the client's living arrangements and family conflicts.



Question 1 in this section asks about family history of alcohol and drug use, as well as about psychiatric problems that did or should have led to treatment.

Questions 2 through 4 inquire about the current living arrangements. These questions pertain to with whom the client is currently living, how long they have been in these arrangements and whether they are satisfied with these arrangements.

Kentucky Drug Court AIA -- Family/Social History Information

File View

Family History Information

1. Have any of your relatives had what you would call a significant drinking, drug use, or psychiatric problem – one that did or should have led to treatment?

		Alcohol problems				Drug problems				Psychiatric problems			
		No	Yes	Uncertain	No relative	No	Yes	Uncertain	No relative	No	Yes	Uncertain	No relative
MOTHER'S SIDE	Grandmother	No	Yes	Uncertain	No relative	No	Yes	Uncertain	No relative	No	Yes	Uncertain	No relative
	Grandfather	No	Yes	Uncertain	No relative	No	Yes	Uncertain	No relative	No	Yes	Uncertain	No relative
	Mother	No	Yes	Uncertain	No relative	No	Yes	Uncertain	No relative	No	Yes	Uncertain	No relative
	Aunt	No	Yes	Uncertain	No relative	No	Yes	Uncertain	No relative	No	Yes	Uncertain	No relative
	Uncle	No	Yes	Uncertain	No relative	No	Yes	Uncertain	No relative	No	Yes	Uncertain	No relative
FATHER'S SIDE	Grandmother	No	Yes	Uncertain	No relative	No	Yes	Uncertain	No relative	No	Yes	Uncertain	No relative
	Grandfather	No	Yes	Uncertain	No relative	No	Yes	Uncertain	No relative	No	Yes	Uncertain	No relative
	Father	No	Yes	Uncertain	No relative	No	Yes	Uncertain	No relative	No	Yes	Uncertain	No relative
	Aunt	No	Yes	Uncertain	No relative	No	Yes	Uncertain	No relative	No	Yes	Uncertain	No relative
	Uncle	No	Yes	Uncertain	No relative	No	Yes	Uncertain	No relative	No	Yes	Uncertain	No relative
SIBLINGS	Brother #1	No	Yes	Uncertain	No relative	No	Yes	Uncertain	No relative	No	Yes	Uncertain	No relative
	Brother #2	No	Yes	Uncertain	No relative	No	Yes	Uncertain	No relative	No	Yes	Uncertain	No relative
	Sister #1	No	Yes	Uncertain	No relative	No	Yes	Uncertain	No relative	No	Yes	Uncertain	No relative
	Sister #2	No	Yes	Uncertain	No relative	No	Yes	Uncertain	No relative	No	Yes	Uncertain	No relative

Previous Page Next Page

Start Kentucky Drug Court ... Microsoft Word - KDC-AIA ... Microsoft Word 3:17 PM

Question 5 asks for overall ratings of how well the client gets along with various individuals they may currently be living with. This includes biological parents, stepparents, siblings, and others, including individuals they may live with on a part-time basis such as weekend visitation at a parent's home.

Question 6 asks about the number of days the client had serious conflicts with family members and non-familial individuals in the past 30 days.

Question 7 asks whether they live with someone that has a drug or alcohol problem.

Question 8 asks about the number of places the client has lived in the past 12 months.

Question 9 asks a series of questions regarding family relationships from the Problem Oriented Screening Instrument for Teenagers (POSIT). The POSIT is explained in more detail in a later section of this manual. After answering yes or no to questions 9a through 9k a total risk score will be computed. The total score on this question may range from 0 to 11. A higher score indicates more of family problems/less family cohesion. (Also, see page 41)

Question 10 pertains to the individual's home life. The questions inquire as to the number of times the client has broken curfew, disobeyed or talked back to their parent or guardian and if disciplined. Several time periods are covered with this question, they include: ever, past year, past month and total number of days in the past month.

Question 11 asks about the client history of emotional, physical and sexual abuse and sexual harassment. It is important that you inform the client that if they tell you they have been or are being abused in any way by their family you will have to report their family to child protective services.

To conclude this section the interviewers are provided space to assess the seriousness of the client family problems and to provide any comments relevant to this section.



It is important that you inform the client that if they tell you they have been or are being abused in any way by their family, you will have to report their family to child protective services.

Section 9: Social Information

This section gathers Social Information about the client, including friendships that the client may have and whether or not these friends are involved in drug and alcohol usage.

Question 1 asks how many close friends the client has. **Question 2** asks about their friends' use of drug and alcohol, this question will NOT record information about their boyfriend/girlfriend or spouse. Information about the client's boyfriend/girlfriend/spouse will be recorded in questions 4-10 of this section.

Question 3 asks a series of questions assessing both Peer Relationships and Social Skills from the Problem Oriented Screening Instrument for Teenagers (POSIT). The POSIT is explained in more detail in a later section of this manual. The Peer Relationships scale ranges from 0 to 10 and a higher score indicates more problematic peer relations. The Social Skills scale ranges from 0 to 11 and a higher score indicates a lower social skills functioning. (Also, see page 41)

The screenshot shows a software window titled "Kentucky Drug Court AIA -- Social Information". The window has a menu bar with "File" and "View". The main content area is titled "Social Information:" and contains three numbered questions. Question 1 asks "How many close friends do you have?" with a numeric input field labeled "Friends". Question 2 asks "Do any of your friends, not including boyfriend or girlfriend, regularly use:" followed by a list of substances: Alcohol, Marijuana, Cocaine, and Other illicit drug. Each substance has a "Use?" label and two buttons: "No" and "Yes". Question 3 asks "Please answer the following questions about your social life:" followed by three sub-questions (a, b, c) about asking for help, friends' ages, and boredom at parties. Each sub-question has "No" and "Yes" buttons. At the bottom of the form are two buttons: "Previous Page" and "Next Page". The taskbar at the bottom shows the Start button, several open applications (Kentucky Drug Court, Microsoft Word), and the system clock showing 3:19 PM.

Social Information:

1. How many close friends do you have?

2. Do any of your friends, not including boyfriend or girlfriend, regularly use:

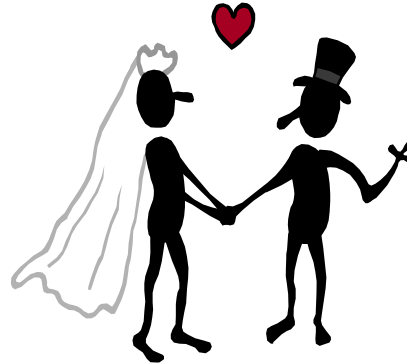
Alcohol	Use?	No	Yes
Marijuana	Use?	No	Yes
Cocaine	Use?	No	Yes
Other illicit drug	Use?	No	Yes

3. Please answer the following questions about your social life:

a. Is it hard for you to ask for help?	No	Yes
b. Are most of your friends older than you?	No	Yes
c. Do your friends get bored at parties when there is no alcohol served?	No	Yes

Previous Page Next Page

Questions 4 through 6 ask whether the client currently has a boyfriend or girlfriend, how many months they have been together with their boyfriend/girlfriend, and how many boyfriends or girlfriends they have had in the past year. Question 7 asks about their boyfriend, girlfriend or spouse's drug and alcohol use.



Question 8 asks about the number of serious conflicts or arguments they have had with their girlfriend/boyfriend/spouse in the past month and the past 3 months.

Question 9 asks how satisfied the client is with their relationship with their boyfriend/girlfriend/spouse.

Question 10 asks with whom the client spends most of his/her free time.

Interviewers are also provided space to rate the seriousness of the client social problems and to provide any relevant comments to this section.

Section 10: Mental Health Information

The purpose of this section is to assess the seriousness of the client's need for psychological or emotional treatment. This section also assesses the client's aggressive/delinquency behavior from the POSIT ratings.

Question 1 asks whether the client has ever been treated as an outpatient for psychological or emotional problems.

Question 2 asks about how many times the client has been hospitalized for psychological or emotional problems.

Question 3 asks whether the client has EVER been prescribed medication for emotional or psychological problems. It is important to separate the different problems and medications they are taking with a comma. These will be incorporated into the MIS database as separate variables. In addition, these will be printed out on the KDC-AIA client history report.



Kentucky Drug Court AIA -- Mental Health Information

File View

Mental Health Information

1. Have you ever been treated as an outpatient for psychological or emotional problems?

Ever treated as outpatient?

No Yes

2. How many times have you ever been treated for any psychological or emotional problems in a hospital?

Times

0

3. Have you ever been prescribed medication for any psychological or emotional problems? If yes, what?

Prescribed medication?

No Yes

Medication (Separate with commas)

4. Have you been prescribed medication (or taken any prescribed medication) for any psychological or emotional problem in the past 30 days?

Prescribed medication?

No Yes

Medication (Separate with commas)

Previous Page Next Page

Start Microsoft Word - KDC-AIA ... Kentucky Drug Court ... 12:54 PM

Question 4 asks if the client has been prescribed medication for emotional or psychological problems in the past 30 days. If the client has been prescribed medication then the interviewer should ask the client exactly what medications they have been taking, remember all reported medications should be separated with a comma. These will be printed out on the KDC-AIA client history report.

When recording client problems and medications be sure to separate each distinct problem or medication with a comma (e.g., Questions 3 & 4). These will be incorporated into the MIS database as separate variables. In addition, these will be printed out on the KDC-AIA client history report.

Question 5 assesses lifetime and current mental health problems that are not a result of drug or alcohol use.

Question 6 asks the client to self-report how much they have been bothered by abuse in the past 30 days.

Question 7 asks how many days in the past 30 days the client has experienced psychological problems.

Question 8 asks the client if the client has ever been diagnosed by a mental health professional, school counselor, or doctor. There is a list of different possible and common problems for adolescents including Attention Deficit Hyperactivity Disorder (ADHD), Attention Deficit Disorder (ADD). Learning disabilities or disorders (e.g., dyslexia), other mental

health disorders (e.g., depression), and other behavioral disorders. There is room to write comments next to each category of disorders.

Question 9 asks a series of questions assessing mental health and aggressive /delinquency behavior from the Problem Oriented Screening Instrument for Teenagers (POSIT).

The POSIT is explained in more detail in a later section of this manual. After answering the questions with yes or no responses, a risk score is calculated for Mental Health; a separate one is computed for Aggressive Behavioral /Delinquency scale. The Mental Health scale ranges from 0 to 15 and a higher score means more severe mental health problems. The Aggressive Behavior/Delinquency scale ranges from 0 to 10 and a higher score means more aggressive/delinquent the behavior. (Also, see page 41)



Interviewers are also asked to assess the seriousness of the client's need for mental health treatment and to provide comments regarding client mental health status. Comments will be printed on the report.

Section 11: Client Strengths Assessment

This section was included for 2 main reasons:

- 1) To end the interview on a more positive note; and
- 2) To assess strengths that may be useful in developing an individual program plan or goals.

The following assessment will be used to measure the client's strengths and his or her current and past accomplishments.

The screenshot shows a software window titled "Kentucky Drug Court AIA -- Strength Assessment". Inside the window, there is a section titled "Strengths Assessment" with three numbered questions. Question 1 asks for three things the client likes about themselves, with three empty text boxes. Question 2 asks for three things the client did last month they are proud of, with three empty text boxes. Question 3 asks for anything else the client would like to say about their strengths, with a large empty text box. At the bottom right of the form area are two buttons: "Previous Page" and "Interviewer Ratings". The Windows taskbar at the bottom shows the Start button, open applications including "Microsoft Word - KDC-AIA ..." and "Kentucky Drug Court ...", and the system clock showing "12:19 PM".

Kentucky Drug Court AIA -- Strength Assessment

File View

Strengths Assessment

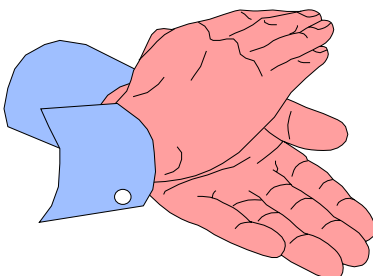
1. Please list three things you like about yourself.

2. Please list three things you did last month that you are proud of.

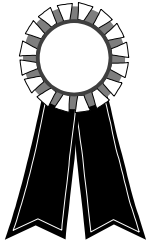
3. Please tell me anything else you would like to say about your strengths (e.g., positive aspects of yourself, accomplishments, things you are proud of).

Previous Page Interviewer Ratings

Start Microsoft Word - KDC-AIA ... Kentucky Drug Court ... 12:19 PM



Section 12: Interviewer Ratings



The last section asks for the interviewer's ratings, including client presentation during the interview, and if client misrepresentation and distortion of answers had occurred. Also, any additional final comments regarding the client and/or the client's interview are provided in this section. These comments will be printed in the final client report. It is important to remember that all information recorded in the comments section is confidential and should be reviewed by treatment coordinators and interviewers only.



Kentucky Drug Court AIA -- Interviewer Ratings

File View

Interviewer Ratings

1. Time assessment ended

Ending time AM PM

2. Please rate the client interview on each of the questions:

AT THE TIME OF THE INTERVIEW, CLIENT WAS:

Obviously depressed/withdrawn.	No	Yes
Obviously hostile.	No	Yes
Obviously anxious/nervous.	No	Yes
Having trouble with reality testing, thought disorders, or paranoid thinking.	No	Yes
Having trouble comprehending, concentrating, or remembering.	No	Yes
Having suicidal thoughts.	No	Yes
Do you believe any of the client answers were significantly distorted by misrepresentation?	No	Yes
Do you believe any of the client answers were significantly distorted because the client did not understand the questions	No	Yes

Previous Page Next Page

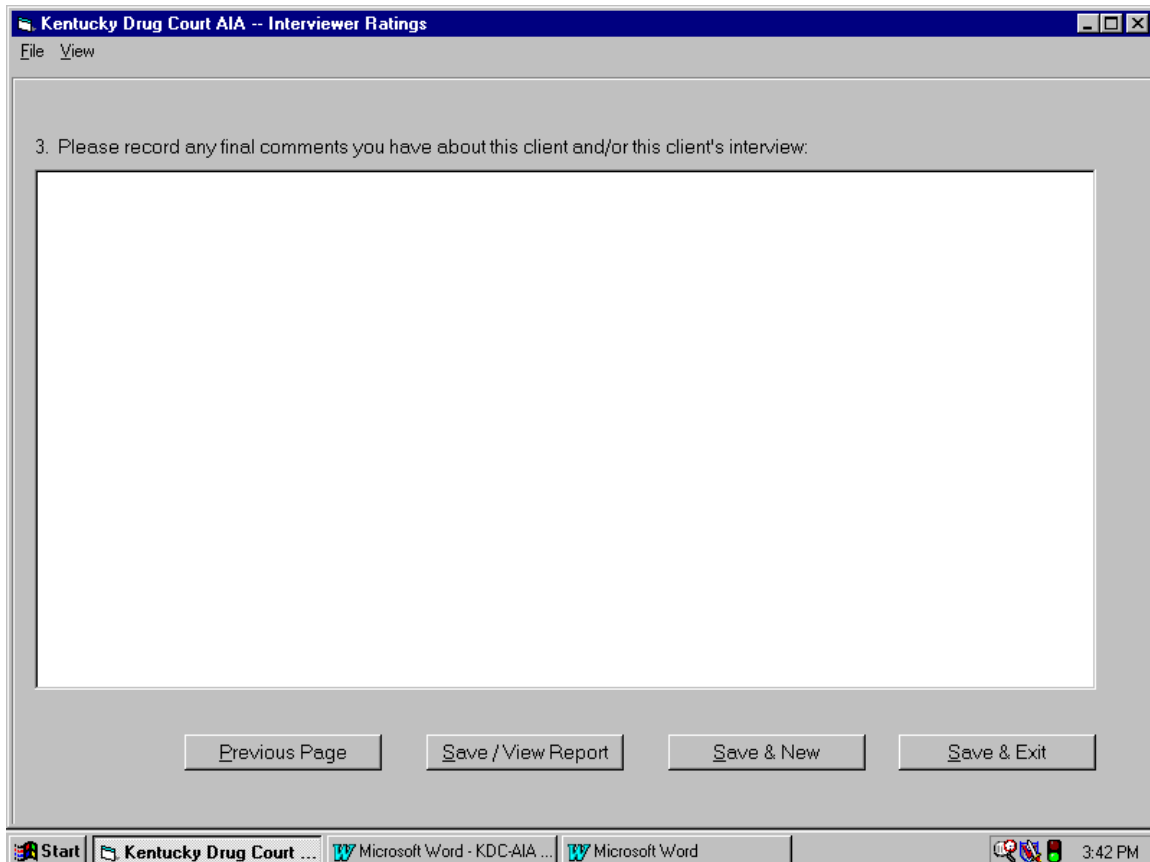
Start Kentucky Drug Court ... Microsoft Word - KDC-AIA ... Microsoft Word 3:27 PM



Saving and Opening Client Files

1. Exiting the program

When the KDC-AIA has been completed there are three different options to save and report the client's responses and also the option of exiting the program.



- Option 1.** Move cursor to the **Save/View Report** key and press the left key button on the mouse once. This option allows the interviewer to save and review the final report for immediate use.
- Option 2.** Move the cursor to the **Save & New** key and press the left button on the mouse once. This option allows the interviewer to save the completed KDC-AIA and start a new client without completely restarting the program.
- Option 3.** Move the cursor to the **Save & Exit** key and press the left button on the mouse once. The completed KDC-AIA will be saved and you will exit from the program.

2. Saving the Data –

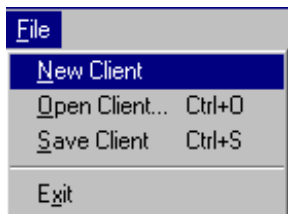


When the KDC-AIA is completed the data is automatically saved. However, it might be necessary to save in the middle of an interview. In order to save the data, left click on the file button at the top left of the screen. When you do this, a save option will appear as shown here. Now simply scroll down and select the save option. The saved data will appear in a folder in

the AIA directory on your computer. The folder will be named clients last name then first name and middle initial followed by the date of the assessment. For example, if the client was John T Doe and he received the assessment on 8/05/2000, then his folder would appear as shown here.



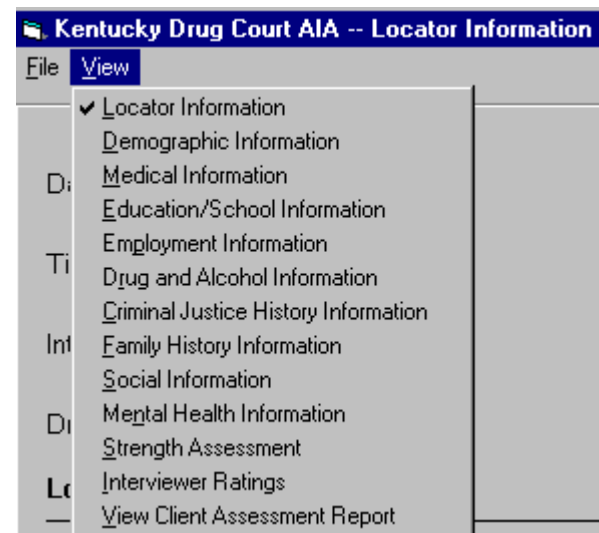
3. Create a New Client



In order to administer a new assessment without exiting the program, select the New Client option. This will clear all of the fields and start a new assessment.

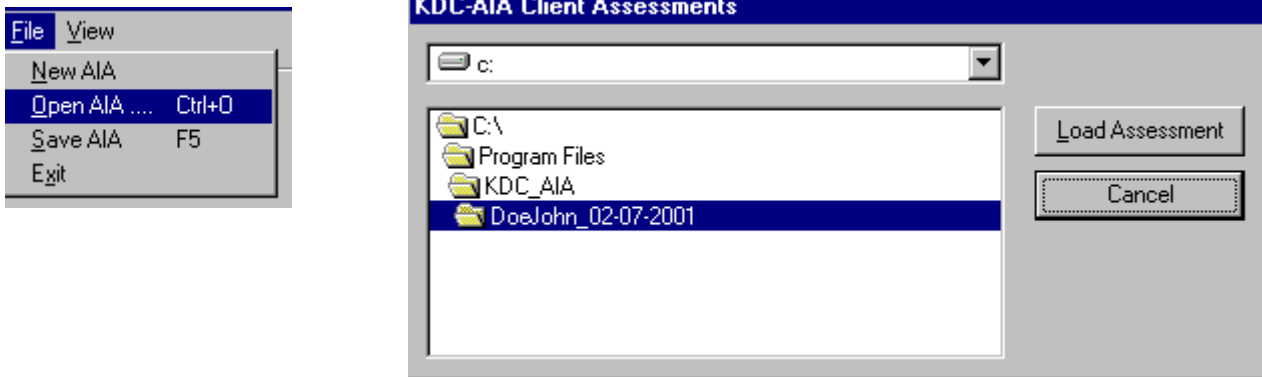
4. Moving from section to section

In order to move from section to section go to the heading, at the top left of the screen, select **View**. A check mark will appear beside the current section open. Select a new section by moving the cursor and highlighting that section, then left click once. The screen will reflect the part of the assessment that you selected. This is helpful when you have interrupted your interview for whatever reason and you need to return to that section of the assessment. This is also helpful if, during the interview, you have left a question blank or you want to restate or add to the interviewer's comments at the end of each section.



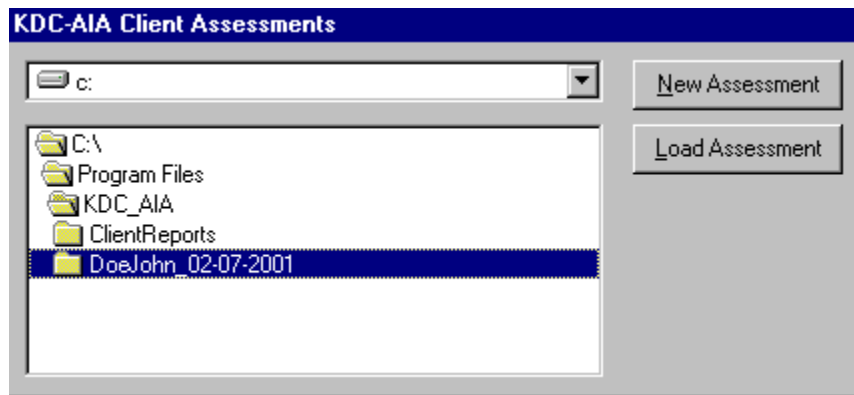
5. Loading a Saved File

When using the KDC-AIA, it might become useful to load a saved file. In order to do this, left click on the file menu and select the open option. This will then prompt the user to select the file he or she wishes to open. Then click on Load Assessment to load file selected, or you may cancel at this point.



Or Another way of loading a saved file

Another way of loading the previously saved client's file assessment is when you load the KDC-AIA Client Assessments Program. Select the intended client file by double clicking on the file name, then select Load Assessment.



Once the file has been opened, the user will see the Identification Information screen and can begin to use the assessment from where they left off.

6. Generating the Report

Whenever the data in the KDC-AIA is saved, a report is automatically generated. This report will be located inside the AIA folder in a separate folder named after the particular client. If the client were John Doe from the previous example, then his report would be stored at:

C:\Program Files\AIA\Doe_John-8-05-2000\Doe_John-8-05-2000.rtf

KDC-AIA Client Report

The report generated for the KDC-AIA was created to provide a brief narrative summarizing a given client's assessment. It contains a description for each section of the KDC-AIA (as well as providing the Interviewer's Severity Rating). Additionally, the report contains all comments the evaluator wishes to add for each section. It is important to remember that all information recorded in the comment section is confidential and should be reviewed by treatment coordinators and interviewers only. The report is saved as an RTF file or Rich Text Format. This allows the file to be opened in Microsoft Word, Word Perfect, Microsoft Works and Notepad programs. The report and examples can be found in Appendix A, while a list of all of the KDC-AIA's variables can be found in Appendix C.



It is very important to remember that all information recorded in the comments section is confidential and should be reviewed by treatment coordinators and interviewers only.

Additional Help Resources

1. Instrument paper version

Refer to the paper version for more direction on specific questions or when software is unavailable.

2. Within the program

A Help key is located at the top middle section of the computer screen that offers assistance while using the program.

3. On line Help- <http://www.messertechnology.com>

Contact this web site to submit software related questions and suggestions.

4. Administrative Office of the Courts (AOC) Help Desk

Administrative Office of the Courts (AOC) Computer Help Desk
1-800-928-2350 hours are 8:00 AM to 5:30 PM Monday through Friday.

Technical Information

1. Software Requirements

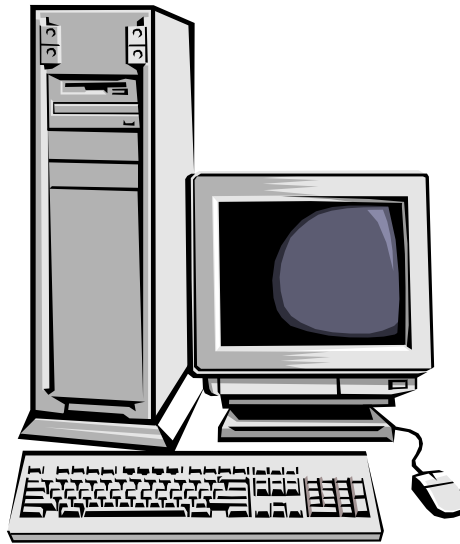
The KDC-AIA was designed in Visual Basic 6.0. It works on machines running Windows 95, 98, 2000 or Windows NT.

2. Report Requirements

The report is generated in rich text format. This allows it to be opened in Microsoft Word, Microsoft Works, Word Perfect, and Notepad.

3. Hardware Requirements

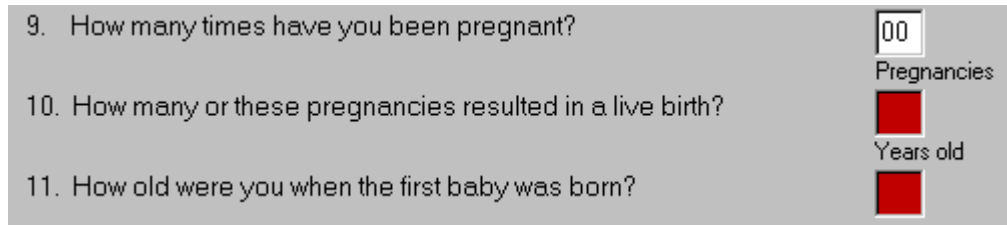
The KDC-AIA requires 5 MB of Hard disk space for installation, 25 MB of disk space for data storage, and 64 MB of Ram.



Frequently Asked Questions

1. **Q)** Why do some questions not allow a response to be entered?

A) On some questions such as the one shown below, questions # 10 and # 11 are dependent on the answer given on #9.



9. How many times have you been pregnant? Pregnancies

10. How many of these pregnancies resulted in a live birth?

11. How old were you when the first baby was born? Years old

Here the client has indicated that she has never been pregnant; therefore, the program blocks the following questions related to pregnancies .

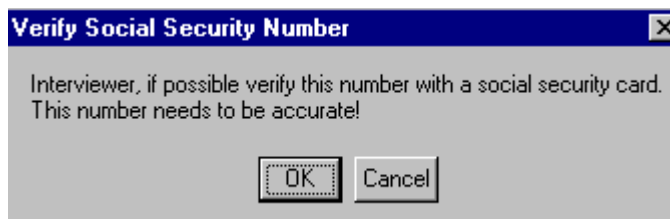
2. **Q)** Is there a report generated if I only finish half of the assessment?

A) Yes; however, the questions that you do not answer will remain unanswered in the report.

3. **Q)** What do I do if my computer says that I am out of memory?

A) If this problem occurs while running the assessment, close all other windows programs and try again. If the problem then persists refer to KDC AIA additional help resources section of the manual.

4. **Q)** What happens when a data box appears after you have entered in the requested information, for example when asked for the Social Security Number?



A) The KDC-AIA saves the data in folders based on each client's Social Security Number; therefore, unless a valid social Security Number has been entered, the program will not let the user continue.

POSIT Information, References, and Scoring

POSIT Information

Scales from the Problem Oriented Screening Instrument for Teenagers (POSIT) were included in the KDC-AIA. The POSIT is a brief screening tool designed to identify problems and the potential need for service in 10 functional areas including: Substance Abuse/Use, Criminal History, Mental/Physical Health, Family/Social Relationships, Vocational and Special Education, Demographic/Locator information.

For the purpose of the KDC-AIA, only a few of the subscales were from the POSIT were included. The subscales included in the KDC-AIA include: Substance Abuse/Use, Family Relations, Peer Relations, Social Skills, Mental Health, and Aggressive Behavior. Also, information collected from the Education, Mental and Social Assessments were used for portions of the Posit ratings.

The computerized KDC-AIA will score the scales automatically and print the results in the client report. However, if you are using the paper version of the KDC-AIA, you will need to hand score these specific items. The next section provides instructions for how to score the POSIT and blank copies of the scoring forms are included in Appendix B.

There is no copyright or cost of using the POSIT. To receive the original POSIT and related scoring template, you may request a copy of the Adolescent Assessment/Referral System Manual, DHHS Publication No. (ADM) 91-1735, from:

National Clearinghouse for Alcohol and Drug Information
P.O. Box 2345
Rockville, MD 20847-2345
1-800-729-6686

or you can contact:
Elizabeth Rahdert, Ph.D.
er34g@nih.gov
(301) 443-0107

There is no copyright or cost of using the POSIT.

POSIT References

Extensive research has documented the reliability and validity of the POSIT. Select references include:

POSIT is referenced in “Adolescent substance abuse: A review of the past 10 years,” N.Z. Weinberg, E. Rahdert, J.D. Colliver, and M.D. Glantz. Journal of the American Academy of Child and Adolescent Psychiatry, 37 (3) :252-251, 1998.

POSIT utility is described in “Use of the POSIT among arrested youths entering a juvenile assessment center: A replication and update,” R. Dembo, J. Schmeidler, P. Borden, C.C. Sue, and D. Manning. Journal of Child & Adolescent Substance Abuse, 6(3): 19-42, 1997.

POSIT utility is described in “Screening for drug abuse among adolescents in clinical and correctional settings using the Problem Oriented Screening Instrument for Teenagers,” W. Latimer, K. Winters, and R. Stinchfield. American Journal of Drug and Alcohol Abuse, 23 (1): 79-98, 1997

POSIT utility is described in “Adolescent substance use: Screening, assessment and intervention,” J. R. Knight. Contemporary Pediatrics, 14 (4): 45-62, 1997.

POSIT test-retest reliability is described in “Examination of the reliability of the *Problem Oriented Screening Instrument for Teenagers (POSIT)* among arrested youths entering a juvenile assessment center,” R. Dembo, J. Schmeidler, P. Bordon, G. Turner, C.C. Sue, and D. Manning. Substance Use and Misuse, 31(7): 785 – 824, 1996

POSIT utility is described in “Predictors of recidivism to a juvenile assessment center,” R. Dembo, G. Turner, C.C. Sue J. Schmeidler, P. Borden, and D. Manning. International Journal of Addictions, 30(11): 1425-1452, 1995

POSIT SCORING

The following provide basic information about the POSIT items and subscales used from the POSIT in the KDC-AIA. The next section provides an example of how to score the POSIT from the KDC-AIA using the scoring sheets provided with this manual to make scoring easier. Copies of blank scoring sheets can be found in Appendix B.

The following subscales are included in the KDC-AIA. Some scales may include related questions from other assessments. Also included below are specific items, score range, and score interpretation.

1. SUBSTANCE ABUSE SCALE

- Sum items 2a-2q (Drug Information Assessment)
- Score range (0 to 17)
- Higher score—higher severity of substance abuse problems

2. FAMILY RELATIONSHIPS SCALE

- Reverse code items 9c, 9d, 9e, 9f, 9g, 9i, 9j, 9k
- Sum items 9a to 9k (Family Information Assessment)
- Score range (0 to 11)
- Higher score indicates higher severity of family problems/less cohesion.

3. PEER RELATIONSHIPS SCALE

- Reverse code item 3n
- Sum items 3b, 3c, 3d, 3e, 3f, 3i, 3j, 3k, 3l, 3n (Social Information Assessment)
- Score range (0 to 10)
- Higher scores means more problematic peer relations

4. SOCIAL SKILLS SCALE

- Reverse code items 3g, 3h, 3m, 3r, 3t
- Sum items 3a, 3b, 3g, 3h, 3m, 3o, 3p, 3q, 3r, 3s, 3t (Social Information Assessment)
- Score range (0 to 11)
- Higher score means lower social skills functioning

5. MENTAL HEALTH SCALE

- Sum items 3d, 3o, 3p (Social Information Assessment); 9a, 9c, 9d, 9e, 9g, 9k, 9m 9q, 9r, 9s 9t, 9u (Mental Information Assessment)
- Score range (0 to 15)
- Higher score means more severe mental health problems

6. AGGRESSIVE BEHAVIOR/DELINQUENCY SCALE

- Sum items 6c (Education/School Information Assessment); 9b, 9f, 9h, 9i, 9j, 9l, 9n, 9o, 9p (Mental Information Assessment)
- Score range (0 to 10)
- Higher score means more severe mental health problems

EXAMPLE: Scoring the POSIT: Part I

The following is an example of how the POSIT should be hand scored. Blank scoring forms are provided in Appendix B.

This is Part I of scoring the POSIT items in the KDC-AIA. The specific Items in the KDC-AIA are found in the Page and Question number in the **REF** column.

For each **Yes** answer that matches the shown YES, place a **1** in the **Question Score** Column. For each **No** answer that matches a shown **No**, place a **1** in the **Question Score** Column. If the client answered a question that does not match the corresponding answer shown on the scoring sheet, leave the **Question Score** column blank.

Once all questions have been answered complete Part II of the POSIT Scoring sheet.

Kyle was getting into trouble both with the school and the criminal justice system. It was decided that Kyle may be eligible for the Juvenile Drug Court. When his parents brought him in for the initial Juvenile Drug Court Assessment, the Drug Court Coordinator used the KDC-AIA paper version because she did not have a computer. The following items correspond to the POSIT items on the KDC-AIA paper version. Once all questions have been answered complete Part II of the POSIT Scoring sheet.

	REF	QUESTION	YES	NO	QUESTION SCORE	SUB-SCALE
1.	Pg 10, 6c	Have you cut school for a whole day?	YES		1	J
2.	Pg 15, 2a	Do you get into trouble because you use drugs or alcohol at school?	YES		1	A
3.	Pg 15, 2b	Have you accidentally hurt yourself or someone else while high on alcohol or drugs?	YES		1	A
4.	Pg 15, 2c	Do you miss out on activities because you spend too much money on drugs or alcohol?	YES		1	A
5.	Pg 15, 2d	Do you ever feel you are addicted to alcohol or drugs?	YES		0	A
6.	Pg 15, 2e	Have you started using more and more drugs or alcohol to get the effect you want?	YES		1	A
7.	Pg 15, 2f	Do you ever leave a party because there is no alcohol or drugs?	YES		1	A
8.	Pg 15, 2g	Do you have a constant desire for alcohol or drugs?	YES		1	A
9.	Pg 15, 2h	During the past month have you driven a car while you were drunk or high?	YES		1	A
10.	Pg 15, 2i	Have you had a car accident while high on drugs or alcohol?	YES		1	A

	REF	QUESTION	YES	NO	QUESTION SCORE	SUB-SCALE
11.	Pg 15, 2j	Do you forget things you did while drinking or using drugs?	YES		1	A
12.	Pg 15, 2k	Does alcohol or drug use cause your moods to change quickly like from happy to sad or vice versa?	YES		1	A
13.	Pg 15, 2l	Do your family or friends ever tell you that you should cut down on your drinking or drug use?	YES		0	A
14.	Pg 15, 2m	Do you have serious arguments with friends or family members because of your drinking or drug use?	YES		1	A
15.	Pg 15, 2n	Does your alcohol or drug use ever make you do something you would not normally do, like breaking rules, missing curfew, breaking the law or having sex with someone?	YES		1	A
16.	Pg 15, 2o	Do you miss school or arrive late for school because of your alcohol or drug use?	YES		1	A
17.	Pg 15, 2p	Do you have trouble getting along with any of your friends because of your alcohol or drug use?	YES		1	A
18.	Pg 15, 2q	Do you ever feel you can't control your drug use?	YES		1	A
19.	Pg 20, 9a	Do your parents or guardians argue a lot?	YES		0	D
20.	Pg 20, 9b	Do your parents or guardian refuse to talk with you when they are mad at you?	YES		0	D
21.	Pg 20, 9c	Do your parents or guardians usually know where you are and what you are doing?		NO	0	D
22.	Pg 20, 9d	Do your parents or guardians and you do lots of things together?		NO	0	D
23.	Pg 20, 9e	Do your parents or guardians pay attention when you talk to them?		NO	0	D
24.	Pg 20, 9f	Do your parents or guardian have rules about what you can and cannot do?		NO	0	D
25.	Pg 20, 9g	Do your parents or guardians know what you really think or feel?		NO	0	D
26.	Pg 20, 9h	Do you and your parents or guardians have frequent arguments which involve yelling and screaming?	YES		0	D
27.	Pg 20, 9i	Do your parents or guardians like talking with you and being with you?		NO	0	D
28.	Pg 20, 9j	Do your parents or guardians have a pretty good idea of your interests?		NO	1	D
29.	Pg 20, 9k	Do your parents or guardians usually agree about how to handle you?		NO	1	D
30.	Pg 22, 3a	Is it hard for you to ask for help from others?	YES		1	H
31.	Pg 22, 3b	Are most of your friends older than you are?	YES		1	E,H
32.	Pg 22, 3c	Do your friends get bored at parties when there is no alcohol served?	YES		1	E

	REF	QUESTION	YES	NO	QUESTION SCORE	SUB-SCALE
33.	Pg 22, 3d	Do you feel alone most of the time?	YES		1	E
34.	Pg 22, 3e	Do you have friends who damage or destroy things on purpose?	YES		1	E
35.	Pg 22, 3f	Do your friends bring drugs to parties?	YES		1	E
36.	Pg 22, 3g	Do you usually think about how your actions will affect others?		NO	0	H
37.	Pg 22, 3h	Do people your own age like and respect you?		NO	1	H
38.	Pg 22, 3i	Are most of your friends younger than you are?	YES		1	E
39.	Pg 22, 3j	Do you have friends who have hit or threatened to hit someone without any real reason?	YES		1	E
40.	Pg 22, 3k	Do your friends cut school a lot?	YES		1	E
41.	Pg 22, 3l	Do you have friends who have stolen things?	YES		1	E
42.	Pg 24,3m	Are you usually pleased with how well you do in activities with your friends?		NO	1	H
43.	Pg 22, 3n	Do your parents or guardians approve of your friends?		NO	1	E
44.	Pg 22, 3o	Do you rush into things without thinking about what could happen?	YES		1	H,C
45.	Pg 22, 3p	Do you enjoy doing things with people your own age?		NO	0	H,C
46.	Pg 22, 3q	Are you good at talking your way out of trouble?		NO	1	H
47.	Pg 22, 3r	Are you able to make friends easily in a new group?		NO	1	H
48.	Pg 22, 3s	Do you think it's a bad idea to trust other people?	YES		1	H
49.	Pg 22, 3t	Do you often act on the spur of the moment?	YES		1	H
50.	Pg 26, 9a	Do you get frustrated easily?	YES		1	C
51.	Pg 26, 9b	Do you threaten to hurt people?	YES		1	J
52.	Pg 26, 9c	Are you restless and can't sit still?	YES		1	C
53.	Pg 26, 9d	Do you feel nervous most of the time?	YES		1	C
54.	Pg 26, 9e	Have you ever been told you are hyperactive?	YES		1	C
55.	Pg 26, 9f	Have you stolen things?	YES		0	J
56.	Pg 26, 9g	Do you feel people are against you?	YES		1	C
57.	Pg 26, 9h	Do you get into fights a lot?	YES		1	J
58.	Pg 26, 9i	Do you have a hot temper?	YES		1	J
59.	Pg 26, 9j	Are you stubborn?	YES		0	J
60.	Pg 26, 9k	Do you have trouble getting you mind off things?	YES		1	C
61.	Pg 26, 9l	Have you ever threatened anyone with a weapon?	YES		0	J
62.	Pg 26,9m	Do you have trouble concentrating?	YES		1	C
63.	Pg 26, 9n	Have you ever intentionally damaged someone else's property?	YES		1	J
64.	Pg 26, 9o	Have you ever spent the night away from home when your parents didn't know where you were?	YES		1	J

	REF	QUESTION	YES	NO	QUESTION SCORE	SUB- SCALE
65.	Pg 27, 9p	Are you suspicious of other people?	YES		1	J
66.	Pg 27, 9q	Do you feel sad most of the time?	YES		1	C
67.	Pg 27, 9r	Do you have trouble sleeping?	YES		1	C
68.	Pg 27, 9s	Do you feel you lose control and get into fights?	YES		1	C
69.	Pg 27, 9t	Do you have a hard time following directions?	YES		1	C
70.	Pg 27, 9u	Do you worry a lot?	YES		1	C

EXAMPLE: Scoring the POSIT: Part II

After determining the points for each question in Part I of the POSIT Scoring, follow the steps below to determine scale subscales scores and complete Part II of the scoring process.

1. Total all the questions with an A in the Subscale column from the POSIT Scoring Sheet Part I and write that number in the corresponding POSIT Score Total column below.
2. Total all the questions with a C in the Subscale column from the POSIT Scoring Sheet Part I and write that number in the corresponding POSIT Score Total column below.
3. Total all the questions with a D in the Subscale column from the POSIT Scoring Sheet Part I and write that number in the corresponding POSIT Score Total column below.
4. Total all the questions with an E in the Subscale column from the POSIT Scoring Sheet Part I and write that number in the corresponding POSIT Score Total column below.
5. Total all the questions with a H in the Subscale column from the POSIT Scoring Sheet Part I and write that number in the corresponding POSIT Score Total column below.
6. Total all the questions with a J in the Subscale column from the POSIT Scoring Sheet Part I and write that number in the corresponding POSIT Score Total column below.
7. Higher score of each subscales means higher severity for each of the subscale areas (i.e., Substance use/abuse, mental health, family relations, peer relations, social relations, and aggressive behavior).

POSIT SUBSCALE TOTALS:	SCORE TOTAL
A-SUBSTANCE USE/ABUSE (0-17)	15
C-MENTAL HEALTH (0-15)	14
D-FAMILY RELATIONS (0-11)	2
E-PEER RELATIONS (0-10)	10
H-SOCIAL RELATIONS (0-11)	9
J-AGGRESSIVE BEHAVIOR (0-10)	7

EXAMPLE POSIT INTERPRETATION: Kyle has severe substance abuse problems and fairly severe mental health problems. Kyle has a fairly cohesive family support network which should be helpful if he entered the program. Kyle also has very risky peer relations and trouble relating to others outside his peer group. Kyle also has a propensity toward aggressive behavior.

Using the KDC-AIA Parent/Guardian Questionnaire

This parent/Guardian questionnaire is optional. This questionnaire can be used to assess the extent to which the family feels the adolescent has substance abuse and other problems. The parent questionnaire includes the Problem Oriented Screening Instrument for Parents (POSIP). The parent questionnaire is not computerized and must also be hand scored. More detail about the POSIP and hand scoring for the POSIP are provided in the next few sections (Blank KDC-AIA Parent/Guardian Questionnaires are in Appendix C and blank POSIP scoring forms are in Appendix D).

The following questions may provide additional information about the adolescent behavior. This information is useful in assessing a need for the client to enter into a program and will be helpful in establishing program goals for the adolescent and family.

Question 1 to 3 asks the parent about their child's current living conditions, if their child and other children have a problem with drugs or alcohol.

KDC-AIA Parent/Guardian Questionnaire

The purpose of these questions is to help us choose the best ways to help your child. Please try to answer the questions honestly.

1. What are your child's current living conditions?
1=Both parents 7=Foster home
2=Mother only 8=Other family member (s) specify _____
3=Father only 9=Friends
4=Stepparent 10=Controlled environment (jail, rehab, etc.)
5=Grandparent (s) 11=Alone
6=Older sibling (s) specify _____
2. Do you think this particular child has a problem with alcohol or drugs?
0=No
1=Yes
3. Do you think any of your other children has a problem with alcohol or drugs?
0=No
1=Yes
4. Who is the primary disciplinarian in your household?
1=Father 4=Other family member (s) specify _____
2=Mother 5=No one
3=Both parents
5. What type(s) of discipline are administered in your household? (*Circle all that apply*)
 - a. Time out area
 - b. Loss of privileges
 - c. Corporal punishment (spanking, etc.)
 - d. Verbal reprimand

Question 4 asks the parent who is the primary disciplinarian in the household.

Question 5 asks what types of discipline are administered in the household. The parent is asked to circle all that apply. If they parent circles “other” then they should specify what other types of discipline they administer.

Question 6 asks if the client has ever threatened the parent in anyway.

Question 7 asks the parent to rate their relationship with the client (1 = excellent to 6 =very bad).

Question 8 asks the parent how often the client is left alone or unsupervised by an adult.

Questions 9 and 10 inquire about custody. If the client has been in someone else’s custody the parent is given a section to elaborate on when and why.

Questions 11, 12, and 13 ask the parent if they have ever been called to school for the clients behavior. The parent is asked to provide an estimate on the number of visits to the school and for what reasons they were called there.

Questions 14a-14g ask a series of questions about the child's psychological and emotional problems. The parent is asked to report whether the child has ever been diagnosed with a psychological or emotional disorder. If the answer is yes the parent is asked to elaborate on what the diagnosis was, who diagnosed the child, when the child was last diagnosed, if medication was prescribed, and whether and where the child has gone for counseling.

Question 15 asks if the client is currently taking any prescribed medications. If the answer is yes the parent is asked to record what type and who prescribed this medication.

Question 16 asks if the parent has had any substance abuse problems and if they have ever received treatment for substance abuse, psychological problems, or emotional problems.

Question 17 asks the parent if any family member has ever committed suicide.

Question 18 asks who and when did the person (s) commit suicide.

Question 19 asks the parent if they have noticed any of the following behaviors in the last 30 days: violent behavior, depression or anxiety, changes in eating or sleeping habits, isolation from family and/or friends, skipping school, or any odors of alcohol or drugs. They are asked to choose all that apply.

Question 20 provides a space for the parent to add any comments about the client that they feel necessary.

The parent is then asked to complete the POSIP. More specific information about the POSIP is provided in the next section.

POSIP Information

The Problem Oriented Screening Instrument for Parents (POSIP) is for use with parents/Guardians whose adolescent children are being considered for the Juvenile Drug Court program. The POSIP questionnaire items were derived from POSIT questionnaire items in the following problem areas:

- (A) Substance Use/Abuse – 17 items;
- (C) Mental Health – 22 items;
- (D) Family Relations – 11 items;
- (E) Peer Relations – 10 items; and
- (J) Aggressive Behavior/Delinquency – 16 items.

The POSIP may provide additional information about the adolescent behavior, which can be used at the intake assessment and/or in developing program goals for the adolescent and family.

The POSIP can be also administered to one or both parents/guardians at the same time or after the POSIT has been administered to the adolescent.

Differences in specific problem area scores indicate differences in perception of and/or reporting on those problem areas between the parent/guardian and adolescent or between two parents/guardians who are filling out the POSIP questionnaire. This can be used for assessment and program planning purposes.

There is no copyright or cost of using the POSIP. To obtain more information on the POSIP questionnaire, contact:

Elizabeth Rahdert, Ph.D.
Division of Clinical Services Research
Room 10A-10
National Institute on Drug Abuse
National Institutes of Health Services Utilization
5600 Fishers Lane
Rockville, Maryland 20857
Tel.: 301/443-0107; Fax: 301/443-8674;
E-mail: Elizabeth_Rahdert@nih.gov

There is no copyright or cost of using the POSIP.

EXAMPLE: Scoring the POSIP

The following is an example of the Parent Questionnaire POSIP section. Parents should fill out all of the KDC-AIA Parent/Guardian Questionnaire. However, for the purpose of this example we will focus only on the POSIP Section.

Kyle was getting into trouble both with the school and the criminal justice system. It was decided that Kyle may be eligible for the Juvenile Drug Court, when his parents brought him in for a Juvenile Drug Court Assessment. While the Drug Court Coordinator conducted a private assessment for Kyle, his parents filled out the KDC-AIA Parent/Guardian Questionnaire in the waiting room. After the family left, the Drug Court Coordinator scored the POSIP portion of the KDC-AIA Parent/Guardian Questionnaire as shown below.

Kyle's Parents POSIP Questionnaire Answers

PLEASE ANSWER THE FOLLOWING QUESTIONS		Circle one	
1.	Does your child have so much energy that he/she doesn't know what to do with it?	<input checked="" type="radio"/>	NO
2.	Does your child brag?	YES	<input checked="" type="radio"/>
3.	Does your child get into trouble because he/she uses drugs or alcohol at school?	<input checked="" type="radio"/>	NO
4.	Would your child's friends get bored at parties when there is no alcohol served?	<input checked="" type="radio"/>	NO
5.	Do you and your spouse argue a lot?	YES	<input checked="" type="radio"/>
6.	Does your child seem tired often?	<input checked="" type="radio"/>	NO
7.	Does your child seem to be easily frightened?	YES	<input checked="" type="radio"/>
8.	Does your child seem to get frustrated easily?	<input checked="" type="radio"/>	NO
9.	Has your child ever threatened to hurt people?	<input checked="" type="radio"/>	NO
10.	Would you describe your child as a loner?	<input checked="" type="radio"/>	NO
11.	Does your child swear or use dirty language?	<input checked="" type="radio"/>	NO
12.	Do you approve of your child's friends?	<input checked="" type="radio"/>	NO
13.	Do you think your child has lied to anyone in the past week?	<input checked="" type="radio"/>	NO
14.	Do you refuse to talk with your child when you are mad at him/her?	YES	<input checked="" type="radio"/>
15.	Does your child rush into things without thinking about what could happen?	<input checked="" type="radio"/>	NO

16.	Has your child accidentally hurt him/herself or someone else while high on alcohol or drugs?	<input type="radio"/>	NO
17.	To your knowledge does your child have friends who damage or destroy things on purpose?	YES <input type="radio"/>	<input type="radio"/>
18.	Do you usually know where your child is and what he/she is doing?	YES <input type="radio"/>	<input type="radio"/>
19.	Do you think your child misses out on activities because he/she spends too much money on drugs or alcohol?	<input type="radio"/>	NO <input type="radio"/>
20.	Do you and your child do lots of things together?	YES <input type="radio"/>	<input type="radio"/>
21.	Does your child appear to be nervous most of the time?	<input type="radio"/>	NO <input type="radio"/>
22.	To your knowledge has your child ever stolen things?	YES <input type="radio"/>	<input type="radio"/>
23.	Have you ever been told that your child is hyperactive?	<input type="radio"/>	NO <input type="radio"/>
24.	Do you ever feel that your child is addicted to alcohol or drugs?	<input type="radio"/>	NO <input type="radio"/>
25.	Does your child act as if others are against him/her?	<input type="radio"/>	NO <input type="radio"/>
26.	Do you think your child's friends bring alcohol or other drugs to parties?	<input type="radio"/>	NO <input type="radio"/>
27.	Does your child get into fights a lot?	YES <input type="radio"/>	<input type="radio"/>
28.	Does your child have a hot temper?	<input type="radio"/>	NO <input type="radio"/>
29.	Do you pay attention when your child talks with you?	<input type="radio"/>	NO <input type="radio"/>
30.	Does your child seem to need more and more drugs or alcohol to get the effect he/she wants?	<input type="radio"/>	NO <input type="radio"/>
31.	Do you have rules about what your child can and cannot do?	<input type="radio"/>	NO <input type="radio"/>
32.	Is your child stubborn?	<input type="radio"/>	NO <input type="radio"/>
33.	Does your child have trouble getting his/her mind off things?	<input type="radio"/>	NO <input type="radio"/>
34.	To your knowledge has your child ever threatened anyone with a weapon?	YES <input type="radio"/>	<input type="radio"/>
35.	Would your child ever leave a party because there is no alcohol or drugs?	<input type="radio"/>	NO <input type="radio"/>
36.	Do you know how your child really thinks or feels?	YES <input type="radio"/>	<input type="radio"/>
37.	Does your child often act on the spur of the moment?	<input type="radio"/>	NO <input type="radio"/>
38.	Do you think your child has a constant desire for alcohol or drugs?	<input type="radio"/>	NO <input type="radio"/>
39.	Does your child hear things no one else around him/her hears?	<input type="radio"/>	NO <input type="radio"/>
40.	Does your child have trouble concentrating?	<input type="radio"/>	NO <input type="radio"/>
41.	Do you and your child have frequent arguments which involve yelling and screaming?	<input type="radio"/>	NO <input type="radio"/>

42.	Has your child had a car accident while on alcohol or drugs?	YES	<input checked="" type="radio"/>
43.	Does your child seem to forget things he did while drinking or using drugs?	<input type="radio"/>	NO
44.	To your knowledge has your child driven a car while drunk or high during the past month?	<input type="radio"/>	NO
45.	Is your child louder than other kids?	<input type="radio"/>	NO
46.	Are most of your child's friends younger than he/she is?	<input type="radio"/>	NO
47.	To your knowledge has your child ever intentionally damaged someone else's property?	<input type="radio"/>	NO
48.	Does your child like talking with you and being with you?	YES	<input checked="" type="radio"/>
49.	Has your child ever spent the night away from home when you didn't know where he/she was?	<input type="radio"/>	NO
50.	Is your child suspicious of other people?	<input type="radio"/>	NO
51.	Has your child cut school at least 5 days in the past year?	<input type="radio"/>	NO
52.	Have you ever noticed a mood swing in your child which you could attribute to alcohol or drug use?	<input type="radio"/>	NO
53.	Does your child seem sad most of the time?	YES	<input checked="" type="radio"/>
54.	Has your child ever missed school or arrived late for school because of his/her alcohol or drug use?	<input type="radio"/>	NO
55.	Do your child's family or friends ever tell him/her that he/she should cut down on his/her drinking or drug use?	<input type="radio"/>	NO
56.	Does your child have serious arguments with friends or family members because of his/her drinking or drug use?	<input type="radio"/>	NO
57.	Does your child tease others a lot?	<input type="radio"/>	NO
58.	Does your child have trouble sleeping?	<input type="radio"/>	NO
59.	Does your child's alcohol or drug use ever make him/her do something he/she would not normally do-like breaking rules, missing curfew, breaking the law or having sex with someone?	<input type="radio"/>	NO
60.	Do you think your child loses control and gets into fights?	<input type="radio"/>	NO
61.	To your knowledge has your child skipped school during the past month?	<input type="radio"/>	NO
62.	Does your child have trouble getting along with any of his/her friends because of his/her alcohol or drug use?	<input type="radio"/>	NO
63.	Does your child have a hard time following directions?	<input type="radio"/>	NO
64.	Does your child have friends who have hit or threatened hit someone?	YES	<input checked="" type="radio"/>
65.	Do you ever think your child can't control his/her alcohol or drug use?	<input type="radio"/>	NO
66.	Do you have a pretty good idea of your child's interests?	<input type="radio"/>	NO
67.	Do you and your spouse usually agree about how to handle you child?	YES	<input checked="" type="radio"/>
68.	Do your child's friends cut school a lot?	<input type="radio"/>	NO

69.	Does your child worry a lot?	YES	<input checked="" type="radio"/>
70.	Does your child often feel like he/she wants to cry?	<input type="radio"/>	NO
71.	Is your child afraid to be around people?	<input type="radio"/>	NO
72.	To your knowledge does your child have friends who have stolen things?	YES	<input checked="" type="radio"/>
73.	Is your child restless and can't sit still?	<input type="radio"/>	NO
74.	Does your child scream a lot?	YES	<input checked="" type="radio"/>
75.	Are most of your child's friends older than your child?	<input type="radio"/>	NO

POSIP Scoring Sheet: Part I

This is Part I of scoring the POSIP items in the KDC-AIA. For each **Yes** answer that matches the shown YES, place a **1** in the **Question Score** Column. For each **No** answer that matches a shown **No**, place a **1** in the **Question Score** Column. If the client's parents answered a question that does not match the corresponding answer shown on the scoring sheet, leave the **Question Score** column blank.

Once all questions have been answered complete Part II of the POSIP Scoring sheet.

EXAMPLE

Kyle's Parents POSIP Questionnaire Answers

The following is an example of how the POSIP should be hand scored. This scoring sheet corresponds to the example from Kyle's' parents responses to the KDC-AIA Parent/Guardian Questionnaire POSIP.

QUESTION	YES	NO	QUESTION SCORE	SUBSCALE
1.Does your child have so much energy that he/she doesn't know what to do with it?	YES		1	C
2.Does your child brag?	YES		0	J
3.Does your child get into trouble because he/she uses drugs or alcohol at school?	YES		1	A
4.Would your child's friends get bored at parties when there is no alcohol served?	YES		1	E
5.Do you and your spouse argue a lot?	YES		0	D
6.Does your child seem tired often?	YES		1	C
7.Does your child seem to be easily frightened?	YES		0	C
8.Does your child seem to get frustrated easily?	YES		1	C
9.Has your child ever threatened to hurt people?	YES		1	J
10.Would you describe your child as a loner?	YES		1	C, E
11.Does your child swear or use dirty language?	YES		1	J
12.Do you approve of your child's friends?		NO	0	E
13.Do you think your child has lied to anyone in the past week?	YES		1	J
14.Do you refuse to talk with your child when you are mad at him/her?	YES		0	D
15.Does your child rush into things without thinking about what could happen?	YES		1	C
16.Has your child accidentally hurt himself/herself or someone else while high on alcohol or drugs?	YES		1	A
17.To your knowledge does your child have friends who damage or destroy things on purpose?	YES		0	E
18.Do you usually know where your child is and what he/she is doing?		NO	1	D

QUESTION	YES	NO	QUESTION SCORE	SUBSCALE
19.Do you think your child misses out on activities because he/she spends too much money on drugs or alcohol?	YES		1	A
20.Do you and your child do lots of things together?		NO	1	D
21.Does your child appear to be nervous most of the time?	YES		1	C
22.To your knowledge has your child ever stolen things?	YES		0	J
23.Have you ever been told that your child is hyperactive?	YES		1	C
24.Do you ever feel that your child is addicted to alcohol or drugs?	YES		1	A
25.Does your child act as if others are against him/her?	YES		1	C
26.Do you think your child's friends bring alcohol or other drugs to parties?	YES		1	E
27.Does your child get into fights a lot?	YES		0	J
28.Does your child have a hot temper?	YES		1	J
29.Do you pay attention when your child talks with you?		NO	0	D
30.Does your child seem to need more and more drugs or alcohol to get the effect he/she wants?	YES		1	A
31.Do you have rules about what your child can and cannot do?		NO	0	D
32.Is your child stubborn?	YES		1	J
33.Does your child have trouble getting his/her mind off things?	YES		1	C
34.To your knowledge has your child ever threatened anyone with a weapon?	YES		0	J
35.Would your child ever leave a party because there is no alcohol or drugs?	YES		1	A
36.Do you know how your child really thinks or feels?		NO	1	D
37.Does your child often act on the spur of the moment?	YES		1	C
38.Do you think your child has a constant desire for alcohol or drugs?	YES		1	A
39.Does your child hear things no one else around him/her hears?	YES		1	C
40.Does your child have trouble concentrating?	YES		1	C
41.Do you and your child have frequent arguments which involve yelling and screaming?	YES		1	D
42.Has your child had a car accident while on alcohol or drugs?	YES		0	A
43.Does your child seem to forget things he/she did while drinking or using drugs?	YES		1	A
44.To your knowledge has your child driven a car while drunk or high during the past month?	YES		1	A
45.Is your child louder than other kids?	YES		1	J
46.Are most of your child's friends younger than he/she is?	YES		1	E
47.To your knowledge has your child ever intentionally damaged someone else's property?	YES		1	J

QUESTION	YES	NO	QUESTION SCORE	SUBSCALE
48.Does your child like talking and being with you?		NO	1	D
49.Has your child ever spent the night away from home when you didn't know where he/she was?	YES		1	J
50.Is your child suspicious of other people?	YES		1	J
51.Has your child cut school at least 5 days in the past year?	YES		1	C
52.Have you ever noticed a mood swing in your child which you could attribute to alcohol or drug use?	YES		1	A
53.Does your child seem sad most of the time?	YES		0	C
54.Has your child ever missed school or arrived late for school because of his/her alcohol or drug use?	YES		1	A
55.Do your child's family or friends ever tell him/her that he/she should cut down on his/her drinking or drug use?	YES		1	A
56.Does your child have serious arguments with friends or family members because of his/her drinking or drug use?	YES		1	A
57.Does your child tease others a lot?	YES		1	J
58.Does your child have trouble sleeping?	YES		1	C
59.Does your child's alcohol or drug use ever make him/her do something he/she would not normally do-like breaking rules, missing curfew, breaking the law or having sex with someone?	YES		1	A
60.Do you think your child loses control and gets into fights?	YES		1	C
61.To your knowledge has your child skipped school during the past month?	YES		1	J
62.Does your child have trouble getting along with any of his/her friends because of his/her alcohol or drug use?	YES		1	A
63.Does your child have a hard time following directions?	YES		1	C
64.Does your child have friends who have hit or threatened to hit someone?	YES		0	E
65.Do you ever think you child can't control his/her alcohol or drug use?	YES		1	A
66.Do you have a pretty good idea of your child's interests?		NO	0	D
67.Do you and your spouse usually agree about how to handle your child?		NO	1	D
68.Do your child's friends cut school a lot?	YES		1	E
69.Does your child worry a lot?	YES		0	C
70.Does your child often feel like he/she wants to cry?	YES		1	C
71.Is your child afraid to be around people?	YES		1	C
72.To your knowledge does your child have friends who have stolen things?	YES		0	E
73.Is your child restless and can't sit still?	YES		1	C
74.Does your child scream a lot?	YES		1	J
75.Are most of your child's friends older than your child?	YES		0	E

EXAMPLE: POSIP Scoring Sheet: Part II

After determining the points for each question in Part I of the POSIP Scoring, follow the steps below to determine scale subscales scores and complete Part II of the scoring process. Please refer to example in the manual if you are having trouble with the scale scoring.

1. Total all the questions with an A in the Subscale column from the POSIP Scoring Sheet Part I and write that number in the corresponding POSIP Score Total column below.
2. Total all the questions with a C in the Subscale column from the POSIP Scoring Sheet Part I and write that number in the corresponding POSIP Score Total column below.
3. Total all the questions with a D in the Subscale column from the POSIP Scoring Sheet Part I and write that number in the corresponding POSIP Score Total column below.
4. Total all the questions with an E in the Subscale column from the POSIP Scoring Sheet Part I and write that number in the corresponding POSIP Score Total column below.
5. Total all the questions with a J in the Subscale column from the POSIP Scoring Sheet Part I and write that number in the corresponding POSIP Score Total column below.
6. Higher score of each subscales means higher severity for each of the subscale areas (i.e., Substance use/abuse, mental health, family relations, peer relations, and aggressive behavior).

POSIP SUBSCALE TOTALS:	SCORE TOTAL
A-SUBSTANCE USE/ABUSE (0-17):	16
C-MENTAL HEALTH (0-22):	19
D-FAMILY RELATIONS (0-11):	6
E-PEER RELATIONS (0-10):	5
J-AGGRESSIVE BEHAVIOR (0-16):	12

EXAMPLE POSIP INTERPRETATION: Kyle's parents agree that he has severe substance abuse problems and fairly severe mental health problems. Kyle's parents also indicated they are fairly cohesive as a family unit which should be helpful if he entered the program. Kyle's parents indicated that his peer relations are somewhat risky and they agree that Kyle has a propensity toward aggressive behavior.

Kentucky Drug Court

Adolescent Intake Assessment

Assessment: Carey L. Jones

Date of Birth: 2-10-1985

Current Age:

Address: 123 South Bend Drive
Greenup, KY 41144

Phone1: (606) 474-0123

Phone2: () -

Cell phone: () -

Pager number: () -

E-Mail Address: () -

Parent's cell phone number: () -

SSN#: 401-80-0966

DLN#:

This report is based on the statements Carey provided about herself to Cathy Tallerico on 01-18-2001.

Section 1: Locator Information

Carey has lived at her current address for 5 years. The residence is owned by her or her family.

Phone 1 may also be answered by:

<u>Name</u>	<u>Relationship</u>
Taylor Jones	Brother
Gary Jones	Father

Phone 2 may also be answered by:

<u>Name</u>	<u>Relationship</u>
-------------	---------------------

Best mailing address:

123 South Bend Drive
Greenup, KY 41144

Work address:

Name: Not currently working
Address:
Phone1:

Primary Guardian Information #1:

Name: Betty Jones
Address: 123 South Bend Drive, Greenup, KY 41144
Phone1: (606) 474-0123
Relationship: Mother

Primary Guardian Information #2:

Name: Gary Jones
Address: 123 South Bend Drive, Greenup, KY 41144
Phone1: (606) 474-0123
Relationship: Father

Primary Guardian Information #3:

Name: None
Address:
Phone1:
Relationship:

Primary Guardian Information #4:

Name: None
Address:
Phone1:
Relationship:

Additional Contact Information:

Name: None
Address:
Phone1:
Relationship:

Locator Information Comment:

Section 2: Demographic Information

Carey is a 16 year old white (not of hispanic origin) female.

Currently in School: Yes

School Name: Becknerville

Counselor Name: Ms. Adkins

Usual Custody Status: Both biological parents

Current Custody Status: Both biological parents

Number of Siblings: 2

Carey has two siblings who are between the ages of 5 and 10 years old. One of her siblings currently lives with her, while the other does not live in the same household as Carey.

Carey's parent is the major wage earner in the household. Carey's parent is a service worker.

Carey has been in a controlled environment recently. Specifically she has been in:

	<u>Past Year</u>	<u>Past 30 days</u>	<u># Days Past 30</u>
Detention	YES	YES	04
Alcohol or Drug Treatment	YES	NO	00
Group Home	YES	NO	00
Medical Treatment	YES	NO	00
Psychiatric Treatment	YES	NO	00
Other:	YES	NO	00

Carey was in a controlled environment in the past 30 days, all questions referring to past 30 days refer to the past 30 days on the street (i.e., not including the time spent in the controlled environment).

Carey has experienced 0 pregnancies and has no children.

Demographic Information Comment:

Section 3: Medical Information

Medical History

Carey has not been hospitalized in her life. Carey does not experience chronic health problems. Carey has not had STDs in the past. Carey has had a seizure in her life.

Carey does currently have health insurance. The health insurance programs she is insured by include: parent employer provided health insurance

Current Medical Status

Carey is not currently taking prescription medication. Carey averages smoking 5 cigarettes per day in the last 30 days.

Over the past 30 days Carey has experienced medical problems for 0 days.

Medical Information Comments:

Section 4: Education/School Information

Carey has not completed training or technical education.

Carey has completed 8 years of education and is currently attending Becknerville. Carey has attended one school in the past year.

Carey's last report card had an average of a D grade and Carey's report card for the last year averaged a C.

Carey reported that she had been late to school and that she had been late in the past 3 months on 2 days. She has not been late to school in the past 30 days.

Carey reported that she had missed school for reasons other than skipping and that she had missed school in the past 3 months on 5 days. She also reported missing for reasons other than skipping in the past 30 days on 4 days.

Carey reported that she had cut school for a whole day, but not in the last three months.

Carey reported that she had been sent to detention or had other disciplinary actions taken against her in the past 3 months on 2 days. She also reported being sent to detention or had other disciplinary actions taken against her in the past 30 days on one day.

Carey reported that she had been suspended from school and that she had been suspended in the past 3 months on one day. She has not been suspended from school in the past 30 days.

Education/School Information Comment:

Section 5: Employment Information

Education and Employment Information

Carey does not have a valid drivers license due to the following reasons: Carey does not have an automobile available for use.

Carey is not currently employed but has previously held a job. This job was for 0 years and 2 months and was a part-time job. Carey reported that she was not frequently absent or late to work. Carey has worked 0 days of the past 30.

Carey has never been fired from a job. Carey has had 2 jobs in the last year. Carey reported it is not very important that she find or keep a satisfactory job.

Education and Employment Information Comment:

Section 6: Drug and Alcohol Information

Drug and Alcohol Use and Treatment History

Carey has been treated for drug abuse in her lifetime.

Carey has been in outpatient treatment one time.

Carey has attended AA/NA in her life and she has attended AA/NA in the past year. Carey has been to AA/NA 0 days in the past 30 days.

Current Drug and Alcohol Use Information

Carey's substance use severity rating was 5 out of 17. Higher score indicates higher severity of substance abuse problems.

Alcohol/Drug Section

<i>Substance</i>	<i>*Age</i>	<i>*30 Days</i>	<i>Years</i>
Alcohol	14	01	01
Marijuana	13	00	02
Opiates	15	00	01
Ecstasy	15	00	01
Hallucinogens	14	00	01
Multi-substance	14	00	01

*Age represents the age when the client began using the specific substance.

*30 Days represents the number of days the client has used the specific substance in the past month, or the number of days used for the 30 days the client was on the street (i.e., not in a controlled environment).

Alcohol/Drug Comments

Alcohol:

States she has used alcohol, but not on a regular basis. States she uses alcohol when hanging out with friends and has only been drunk about 5 times in her life

Marijuana:

States prior to entering teen pop she was a "pot head" since finishing teen pop she states she has cut back and has made an effort to stop and estimates that she has smoked maybe 3 times since then

Opiates:

States she used lortab one time but it made her dizzy and sick and she never used again

Ecstasy:

States she used ecstasy one time in the past year

Hallucinogens:

States she has used acid on 2 occasions, but hasn't used since August 2000

Multi-substance:

Alcohol, marijuana

Section 7: Criminal Justice History Information

Criminal Justice History

Carey has been in detention 3 times in her lifetime. Carey's last incarceration was for 1 month or less. Her last incarceration was for: parole/probation violation.

Current Criminal Justice Status

At this time Carey is currently on probation or conditional release. Carey is currently awaiting trial for parole/probation violation. Carey reported that she has engaged in illegal activities for profit for 0 days.

Criminal Justice History Information Comments:

Section 8: Family History Section

Family History

Carey was asked if any of her relatives had significant alcohol, drug, or psychiatric problems. This information could indicate a susceptibility to alcohol or drug abuse as well as psychiatric problems.

Mothers Side

<u>Relative</u>	<u>Alc</u>	<u>Drug</u>	<u>Psy</u>
Grandmother	Uncertain	Uncertain	Uncertain
Grandfather	No	No	No
Mother	No	No	No
Aunt	No	No	No
Uncle	No	No	No

Fathers Side

<u>Relative</u>	<u>Alc</u>	<u>Drug</u>	<u>Psy</u>
Grandmother	No	No	No
Grandfather	Uncertain	Uncertain	Uncertain
Father	No	No	No
Aunt	No relative	No relative	No relative
Uncle	No relative	No relative	No relative

Siblings

<u>Relative</u>	<u>Alc</u>	<u>Drug</u>	<u>Psy</u>
Brother #1	No	No	No
Brother #2	No	No	No
Sister #1			
Sister #2	No relative	No relative	No relative

Current Family History

Carey usual living arrangement is with both parents. She has lived in this situation for 15 years. She is indifferent about this living situation. At this time Carey does not live with someone with a drug or alcohol problem. Carey has lived in 2 places in the past 12 months.

Carey reported that she gets along with the following people

Biological mother	Somewhat
Biological father	Pretty Good
Stepmother	
Stepfather	
Siblings	Pretty Good
Sexual partner/marital partner	Pretty Good
Other individuals:	Pretty Good

Carey reported that she had serious conflict with family members 0 days out of the last month and conflict with non-family members 0 days out of the last month.

Carey rated 3 points out of 11 on the family cohesion scale. Higher score indicates higher severity of family problems/less cohesion.

Carey reported lifetime emotional abuse.

Family Information Comment:

Section 9: Social History Section

Current Family/Social Status

At this time Carey has 2 close friends. Carey does have friends who use marijuana.

Carey scored a 0 out of 10 on the peer relations scale. Higher scores mean problematic peer relations.

Carey scored a 2 out of 11 on the social skills scale. Higher score means lower social skills functioning.

Carey reported that she does currently have a girlfriend/boyfriend and that she has been seeing this person for one month. Carey has had 4 boy/girlfriends in the past year.

Carey reported having one conflict with her boy/girlfriend in the past month and one conflict in the past 3 months.

Carey reported that she spends most of her free time with friends.

Social Information Comment:

Section 10: Mental Health Information

Mental Health History

Carey has been treated for psychological or emotional problems as an outpatient. She has been hospitalized 0 times for psychiatric or emotional problems. Carey has been prescribed medication for psychological emotional problems including: selectra, welbutrun. Carey has: experienced serious depression; experienced trouble understanding, concentrating, or remembering; experienced trouble controlling violent behavior.

Current Mental Health Status

Carey has been prescribed medication for psychological or emotional problems in the past month including: welbutrun.

At this time Carey has experienced the following psychiatric/emotional problems in the past thirty days: experienced trouble understanding, concentrating, or remembering. Carey also reported that in the past 30 days she has been bothered by: emotional abuse. Carey reported she experienced psychological problems for 0 days in the past month.

Carey reported she had been diagnosed with no mental health problems or disorders.

Carey scored a 6 out of 15 on the mental health scale. Higher score means more severe mental health problems. Carey scored a 7 out of 10 on the aggressive behavior/delinquency scale. Higher score means more aggressive the behavior.

Mental Health Information Comment:

Section 11: Strengths Assessment

Carey was asked to list three things that she liked about herself.

1. long eyelashes
2. can act dumb at times
3. caring about others

Carey was asked to list three things she did last month that she is proud of.

1. stood up to boyfriend in bad relationship
2. actually been doing homework and going to class
3. getting along better with parent

Client comments

Section 12: Interviewer Ratings and Comments

Medical	0 - No real problem
*Education	6 - Considerable problem
Employment	2 - Slight problem
Alcohol	4 - Moderate problem
Drugs	4 - Moderate problem
*Legal	7 - Considerable problem
*Family	6 - Considerable problem
Social	4 - Moderate problem
Psychiatric	4 - Moderate problem
Family Member	4 - Moderate problem

This client:

Was not	Depressed/withdrawn
Was not	Obviously hostile
Was not	Anxious/nervous
Was not	Having trouble with reality testing, thought disorders, or paranoid thinking
Was not	Having trouble with comprehension, concentration, or remembering
Was not	Having suicidal thoughts
I do not believe	The client answers were distorted by misrepresentation
I do not believe	Some of the answers were distorted because the client did not understand them

FINAL INTERVIEWER COMMENTS:

Kentucky Drug Court

Adolescent Intake Assessment

Assessment: Felicia B. Tolliver

Date of Birth: 2-10-1985

Current Age:

Address: 333 East 9th Street
Louisville, KY 40320

Phone1: (520) 538-5834

Phone2: () -

Cell phone: () -

Pager number: () -

E-Mail address:

Parent's cell phone number: () -

SSN#: 291-60-1233

DLN#:

This report is based on the statements Felicia provided about herself to Connie Reed on 01-15-2001.

Section 1: Locator Information

Felicia has lived at her current address for 4 years. The residence is not owned by her or her family.

Phone 1 may also be answered by:

<u>Name</u>	<u>Relationship</u>
Roberta Tolliver	mother
Terrance Bruce	mom's bf

Phone 2 may also be answered by:

<u>Name</u>	<u>Relationship</u>
-------------	---------------------

Best mailing address:

same

Work address:

Name: Not currently working

Address:

Phone1:

Primary Guardian Information #1:

Name: Roberta Tolliver

Address: 333 East 9th Street
Louisville, KY 40320

Phone1: (502) 538-5834

Relationship: Mother

Primary Guardian Information #2:

Name: None
Address:
Phone1:
Relationship:

Primary Guardian Information #3:

Name: None
Address:
Phone1: :
Relationship:

Primary Guardian Information #4:

Name: None
Address:
Phone1:
Relationship:

Additional Contact Information:

Name: None
Address:
Phone1:
Relationship:

Locator Information Comment:

Section 2: Demographic Information

Felicia is a 16 year old african american female.

Currently in School: Yes
School Name: St Paul Catholic
Counselor Name: Ms. Butler

Usual Custody Status: Biological mother
Current Custody Status: Biological mother

Number of Siblings: 2

Felicia has two siblings who are between the ages of 14-19 years old. They both currently live in the same household as Felicia.

Felicia's parent is the major wage earner in the household. Felicia's parent is a service worker.

Felicia has been in a controlled environment recently. Specifically she has been in:

	<u>Past Year</u>	<u>Past 30 days</u>	<u># Days Past 30</u>
Detention	YES	YES	08
Alcohol or Drug Treatment	YES	YES	01
Group Home	YES	NO	00
Medical Treatment	YES	NO	00
Psychiatric Treatment	YES	NO	00
Other:	YES	NO	00

Felicia was in a controlled environment in the past 30 days, all questions referring to past 30 days refer to the past 30 days on the street (i.e., not including the time spent in the controlled environment).

Felicia has experienced 0 pregnancies and has no children.

Demographic Information Comment:

Section 3: Medical Information

Medical History

Felicia has not been hospitalized in her life. Felicia does not experience chronic health problems. Felicia has not had STDs in the past. Felicia has not had a seizure in her life.

Felicia does currently have health insurance. The health insurance programs she is insured by include: Medicaid

Current Medical Status

Felicia is not currently taking prescription medication. Felicia does not smoke cigarettes.

Over the past 30 days Felicia has experienced medical problems for 14 days.

Medical Information Comments:

Section 4: Education/School Information

Felicia has not completed training or technical education.

Felicia has completed 8 years of education and is currently attending Martin Luther King. Felicia has attended 2 schools in the past year.

Felicia's last report card had an average of a F grade and Felicia's report card for the last year averaged a D. Felicia reported that she had been late to school, but not in the last three months.

Felicia reported that she had missed school for reasons other than skipping and that she had missed school in the past 3 months on 14 days. She also reported missing for reasons other than skipping in the past 30 days on 8 days.

Felicia reported that she had cut school for a whole day, but not in the last three months.

Felicia reported that she had been sent to detention or had other disciplinary actions taken against her, but not in the last three months.

Felicia reported that she had been suspended from school, but not in the last three months.

Education/School Information Comment:

Section 5: Employment Information

Education and Employment Information

Felicia does not have a valid drivers license due to the following reasons: Felicia does not have an automobile available for use.

Felicia is not currently employed and has never held a job. Felicia has worked 0 days of the past 30.

Felicia has never been fired from a job. Felicia has had 0 jobs in the last year. Felicia reported it is not very important that she find or keep a satisfactory job.

Education and Employment Information Comment:

Section 6: Drug and Alcohol Information

Drug and Alcohol Use and Treatment History

Felicia has been treated for drug abuse in her lifetime.

Felicia has been in outpatient treatment one time.

Felicia has attended AA/NA in her life and she has attended AA/NA in the past year. Felicia has been to AA/NA 2 days in the past 30 days.

Current Drug and Alcohol Use Information

Felicia's substance use severity rating was 8 out of 17. Higher score indicates higher severity of substance abuse problems.

Alcohol/Drug Section

<i>Substance</i>	<i>*Age</i>	<i>*30 Days</i>	<i>Years</i>
Alcohol	11	00	04
Marijuana	11	14	04
Cocaine	15	00	01
Barbiturates	15	01	01
Opiates	15	01	01
Multi-substance	11	00	04

*Age represents the age when the client began using the specific substance.

*30 Days represents the number of days the client has used the specific substance in the past month, or the number of days used for the 30 days the client was on the street (i.e., not in a controlled environment).

Alcohol/Drug Comments

Alcohol:

States she has drank to the point of intoxication, but doesn't like it because it makes her sick. States this is not a regular occurrence and she hasn't drank in months

Marijuana:

States she has been smoking regularly, almost on a daily basis for about a year and a half. States she does crave it, but does want to stop because she wants her freedom. States she smokes an average of about 3 blunts a day, sometimes before school, but usually in the evenings after school

Cocaine:

States she snorted cocaine on MLK's birthday. States she was with a friend and they used until it was gone and she hasn't used again.

Barbiturates:

States has used pills in the past, but not on a regular basis. States she doesn't buy them but will take them if offered to her sometimes

Opiates:

Same as above

Multi-substance:

Alcohol, marijuana, cocaine, pills

Section 7: Criminal Justice History Information

Criminal Justice History

Felicia has been in detention 12 times in her lifetime. Felicia's last incarceration was for 1 month or less. Her last incarceration was for: shoplifting; parole/probation violation.

Current Criminal Justice Status

At this time Felicia is currently on probation or conditional release. Felicia is currently awaiting trial for parole/probation violation. Felicia reported that she has engaged in illegal activities for profit for 0 days.

Criminal Justice History Information Comments:

Section 8: Family History Section

Family History

Felicia was asked if any of her relatives had significant alcohol, drug, or psychiatric problems. This information could indicate a susceptibility to alcohol or drug abuse as well as psychiatric problems.

Mothers Side

<u>Relative</u>	<u>Alc</u>	<u>Drug</u>	<u>Psy</u>
Grandmother	No	No	No
Grandfather	No	No	No
Mother	No	No	No
Aunt	No	No	No
Uncle	No	No	No

Fathers Side

<u>Relative</u>	<u>Alc</u>	<u>Drug</u>	<u>Psy</u>
Grandmother	No	No	No
Grandfather	No	No	No
Father	No	No	No
Aunt	No	No	No
Uncle	No	No	No

Siblings

<u>Relative</u>	<u>Alc</u>	<u>Drug</u>	<u>Psy</u>
Brother #1	No	No	No
Brother #2	No relative	No relative	No relative
Sister #1	No		
Sister #2	No relative	No	No

Current Family History

Felicia's usual living arrangement is with single parent - mother. She has lived in this situation for 15 years and 7 months. She is not satisfied with this living situation. At this time Felicia does not live with someone with a drug or alcohol problem. Felicia has lived in 0 different places in the past 12 months. Felicia reported that she gets along with the following people

Biological mother	Pretty Good
Biological father	Pretty Good
Stepmother	
Stepfather	Pretty Good
Siblings	Pretty Good
Sexual partner/marital partner	Great
Other individuals:	Great

Felicia reported that she had serious conflict with family members 0 days out of the last month and conflict with non-family members 0 days out of the last month.

Felicia rated 3 points out of 11 on the family cohesion scale. Higher score indicates higher severity of family problems/less cohesion.

Felicia reported lifetime emotional abuse; sexual harassment.

Family Information Comment:

Section 9: Social History Section

Current Family/Social Status

At this time Felicia has 2 close friends. Felicia does have friends who use marijuana.

Felicia scored a 1 out of 10 on the peer relations scale. Higher scores mean problematic peer relations.

Felicia scored a 2 out of 11 on the social skills scale. Higher score means lower social skills functioning.

Felicia reported that she does currently have a girlfriend/boyfriend and that she has been seeing this person for 6 months. Felicia has had 8 boy/girlfriends in the past year.

Felicia reported having one conflict with her boy/girlfriend in the past month and one conflict in the past 3 months. Felicia reported that she is extremely satisfied with her boy/girlfriend relationship currently.

Felicia reported that she spends most of her free time with friends.

Social Information Comment:

Section 10: Mental Health Information

Mental Health History

Felicia has not been treated for psychological or emotional problems as an outpatient. She has been hospitalized 0 times for psychiatric or emotional problems. Felicia has not been prescribed medication for psychological emotional problems. Felicia has: experienced serious depression; experienced trouble understanding, concentrating, or remembering.

Current Mental Health Status

Felicia has not been prescribed medication for psychological or emotional problems in the past month .

At this time Felicia has experienced the following psychiatric/emotional problems in the past thirty days: experienced trouble understanding, concentrating, or remembering. Felicia also reported that in the past 30 days she has been bothered by: emotional abuse. Felicia reported she experienced psychological problems for 10 days in the past month.

Felicia reported she had been diagnosed with mental health problems or disorders.

Felicia states she has been told by school personnel that she has a behavior disorder, but she doesn't know the diagnosis.

Felicia scored a 8 out of 15 on the mental health scale. Higher score means more severe mental health problems. Felicia scored a 8 out of 10 on the aggressive behavior/delinquency scale. Higher score means more aggressive the behavior.

Mental Health Information Comment:

Section 11: Strengths Assessment

Felicia was asked to list three things that she liked about herself.

1. her hair
2. she's cute
3. her charm

Felicia was asked to list three things she did last month that she is proud of.

1. didn't go with others who where going to get into trouble
2. has been controlling her temper better
3. want's to stop using drugs, hasn't used much in past 2 weeks

Client comments

no comments

Section 12: Interviewer Ratings and Comments

Medical	2 - Slight problem
*Education	6 - Considerable problem
Employment	0 - No real problem
Alcohol	3 - Slight problem
*Drugs	6 - Considerable problem
*Legal	9 - Extreme problem
Family	5 - Moderate problem
Social	5 - Moderate problem
Psychiatric	3 - Slight problem
Family Member	5 - Moderate problem

This client:

Was not	Depressed/withdrawn
Was not	Obviously hostile
Was not	Anxious/nervous
Was not	Having trouble with reality testing, thought disorders, or paranoid thinking
Was not	Having trouble with comprehension, concentration, or remembering
Was not	Having suicidal thoughts
I do not believe	The client answers were distorted by misrepresentation
I do not believe	Some of the answers were distorted because the client did not understand them

FINAL INTERVIEWER COMMENTS:

Question Directory

KDC-Adolescent Intake Assessment

- I. Locator Information
- II. Demographic Information
- III. Medical Information
- IV. Education/School Information
- V. Employment Information
- VI. Drug and Alcohol Information
- VII. Criminal Justice History Information
- VIII. Family History Information
- IX. Social Information
- X. Mental Health Information
- XI. Strengths Assessment
- XII. Interviewer Ratings

Assessment Information

- Date of Assessment
- Time of Assessment
- Interviewer
- Drug Court Site

I. Locator Information

- 1. Client name
- 2. Current client address
- 3. Years lived at current address
- 4. Residence ownership status
- 5. Best mailing address
- 6. Telephone numbers
 - a. Best phone number
 - 1. Other phone users
 - b. Alternate number
 - 1. Other phone users
 - c. Client's cell phone number
 - 1. Parent's cell phone number
 - 2. E-mail address of client
 - 3. Pager number client can be reached at
- 7. If the client works or plans to work in the future
- 8. Workplace name
 - a. Workplace phone number
- 9. Workplace address
- 10. Student status
- 11. Date last in school
- 12. Reason for leaving school
- 13. Name, city, and county of current or last school
- 14. Client is in the correct grade
- 15. Guidance counselor's name

16. Usual custody status
17. Current custody status
18. Number of siblings
19. Names, addresses, and phone numbers of all primary guardians
20. Name, address, and phone number of other friend or family member
21. Interviewer comments on locator information

II. Demographic Information

1. Birth date
2. Social Security number
3. Gender
4. Country of origin
 - a. Number of years lived in U.S.
5. Race
6. Major wage earner in client household
7. Major wage earner's occupation
8. Controlled environment status for past year
 - a. Controlled environment types
9. Number of times pregnant (if female) or Number of impregnations (if male)
10. Number of above pregnancies resulting in live births
11. Age of client when first child was born
12. Number of client's children
13. Interviewer comments on demographic information

III. Medical Information

1. Number of times hospitalized in lifetime
2. Time of last hospitalization
3. Client chronic medical problems
4. STD history
5. Fit or seizure history
6. Prescription medication status
7. Smoker status
8. Average number of cigarettes smoked per day over last 30 days on the street
9. Health insurance status
10. Health insurance type(s)
11. Number of days experiencing medical problems over the last 30 days
12. Interviewer rating of client need for medical treatment
13. Interviewer comments on medical information

IV. Education/School Information

1. Technical education/training status
2. Highest grade completed
3. Number of schools attended over last year in school
4. Letter grade average for last report card received
5. Letter grade average for last year in school
6. School behavior
 - a. Tardiness information

- b. Missed class information
 - c. Whole days skipped information
 - d. Detention information
 - e. Suspension information
- 7. Interviewer rating of client need for school counseling
- 8. Interviewer comments on school information

V. Employment Information

- 1. Valid driver's license status and number
- 2. Automobile access status
- 3. Job history status
- 4. Current employment status
 - a. Length of last job (if not currently employed)
 - b. Length of current job (if currently working)
- 5. Job type
- 6. Job tardiness and absence frequency
- 7. Employment termination history
- 8. Number of jobs held over past year
- 9. Number of days paid for working in the last 30
- 10. Importance to client of finding/ keeping satisfactory employment
- 11. Interviewer rating of client need for employment support counseling
- 12. Interviewer comments on employment information

VI. Drug and Alcohol Information

- 1. Substance use histories/comments
 - 1. Alcohol
 - 2. Marijuana
 - 3. Cocaine
 - 4. Crack
 - 5. Amphetamine
 - 6. Barbiturates/Sedatives
 - 7. Opiates/Analgesics
 - 8. Ecstasy
 - 9. OxyContin
 - 10. Hallucinogens
 - 11. Inhalants
 - 12. Heroin
 - 13. Illegal methadone
 - 14. Multiple daily substances
- 2. Drug and alcohol use questions
 - a. History of drug/alcohol-related trouble at school
 - b. History of drug/alcohol-related injuries
 - c. History of drug/alcohol-related financial problems resulting in the inability to participate in anticipated activities
 - d. Addiction status
 - e. Increase of use status
 - f. History of leaving social gatherings due to a lack of drugs/alcohol

- g. Constant desire for alcohol/drugs status
- h. History of driving drunk/high over the last month
- i. History of accidents while driving drunk/high
- j. History of drug/alcohol-related memory loss
- k. History of drug/alcohol-related mood swings
- l. History of friends/family concern about drug/alcohol use
- m. History of drug/alcohol-related arguments with friends/family
- n. History of drug/alcohol-related unusual negative behavior
- o. History of drug/alcohol-related tardiness/truancy
- p. History of drug/alcohol-related problems with friends
- q. History of out-of-control use of drugs/alcohol
- 3. Drug/alcohol treatment status (not including AA/NA)
- 4. Drug/alcohol treatment history (not including AA/NA)
- 5. AA/NA attendance history
- 6. AA/NA attendance history over past year
- 7. AA/NA attendance history in last 30 days on the street
- 8. Interviewer rating of client need for alcohol treatment
- 9. Interviewer rating of client need for drug treatment
- 10. Interviewer comments on drug/alcohol information

VII. Criminal Justice History Information

- 1. Probation/parole status
- 2. Number of times in detention/times incarcerated in lifetime
- 3. Quantity of time spent incarcerated or in detention in lifetime
- 4. Length of last detention/incarceration
- 5. Reason for last incarceration
- 6. Present legal status
- 7. Reason for awaiting charges
- 8. Number of days out of last 30 involved in illegal activity for profit
- 9. Interviewer rating of client need for legal counseling
- 10. Interviewer comments on criminal justice history information

VIII. Family History Information

- 1. Alcohol, drug, and psychiatric problem histories for all grandparents, parents, aunts/uncles, and siblings
- 2. Current living arrangements
- 3. Length of current living arrangements
- 4. Level of satisfaction with current living arrangements
- 5. Client ratings of interpersonal relationships in family/living arrangements
- 6. Number of days with relationship-threatening conflicts
 - a. With family
 - b. With friends
- 7. Presence of addict in client home
- 8. Number of places lived over past 12 months on the street
- 9. Questions about home life
 - a. History of frequent interparental arguments
 - b. History of parental refusal to speak with client

- c. Parental knowledge of client whereabouts/activities
- d. History of parent/client activities
- e. Parental attention to client's speech
- f. Presence of rule system in home
- g. Parental knowledge of client's feelings/thoughts
- h. Frequency of yelling and screaming in the home
- i. Parental attitude towards interaction with client
- j. Parental knowledge of client interests
- k. Parental unity on child-rearing/disciplinary techniques
- 10. Home life disciplinary questions
 - a. Curfew breaking history
 - b. Disobedience/talking back questions
 - c. Parental disciplinary history
- 11. Emotional/physical/sexual abuse and sexual harassment history
- 12. Interviewer rating of client need for family counseling
- 13. Interviewer rating of client family members' need for family counseling
- 14. Interviewer comments on family information

IX. Social Information

- 1. Number of close friends
- 2. Friends' usage of alcohol, marijuana, cocaine, and/or other illicit drugs
- 3. Social life questions (yes/no)
 - a. Difficulty asking for help
 - b. Majority of older friends
 - c. Level of friends boredom at non-alcoholic parties
 - d. Frequent feelings of loneliness
 - e. Vandalistic tendencies of close friends
 - f. Friends who bring drugs to parties
 - g. Thought about effects of actions
 - h. Well liked and respected by peers
 - i. Majority of younger friends
 - j. Unnecessarily violent tendencies of friends
 - k. Frequent truancy of friends
 - l. Acts of theft by friends
 - m. Confidence related to personal performance in activities with friends
 - n. Parental approval of social group
 - o. Reckless behavior
 - p. Enjoyment of interaction with friends of same age group
 - q. Ease with talking way out of trouble
 - r. Ability to make new friends easily
 - s. Confidence in trust of others as an idea
 - t. Spontaneous behavior
- 4. Boyfriend/Girlfriend/**Spouse** status
- 5. Length of current boyfriend/girlfriend/**Spouse** relationship
- 6. Number of boyfriends/girlfriends/**Spouse** over the past year
- 7. Boyfriend/girlfriend/**Spouse** use pattern of alcohol, marijuana, cocaine, and/or other drugs

8. Number of serious arguments/conflicts with boyfriend/girlfriend/Spouse over last month/last 3 months
9. Level of satisfaction with current boyfriend/girlfriend/Spouse
10. Most frequent social companion(s)
11. Interviewer rating of client need for social counseling
12. Interviewer comments on social information

X. Mental Health Information

1. History of outpatient treatment for psychological/emotional problems
2. Number of times hospitalized for psychological/emotional problems
3. Prescription medication history
4. Prescription medication history over last 30 days
5. Psychological/emotional problem history
6. Level of recent effect of past physical/emotional/sexual abuse and/or sexual harassment
7. Number of days in the last 30 experiencing psychological problems
8. Diagnostic history of psychological/emotional disorders
9. Psychological/emotional tendencies question set (yes/no)
 - a. Easily frustrated
 - b. Often threatening physical harm
 - c. Restless/shifty
 - d. Nervous
 - e. Hyperactive
 - f. Thieving
 - g. Paranoid
 - h. Frequent fights
 - i. Hot-tempered
 - j. Stubborn
 - k. Obsessive
 - l. History of threatening others with weapons
 - m. Trouble concentrating
 - n. Vandalistic
 - o. Staying away from home without parental knowledge
 - p. Suspicious
 - q. Depressed
 - r. Insomniac
 - s. Easily out-of-control
 - t. Difficulty following directions
 - u. Often worried
10. Interviewer rating of client need for psychological treatment
11. Interviewer comments on mental health information

XI. Strengths Assessment (client completed)

1. Three things client likes about his/herself
2. Three things client did over the last month that they are proud of
3. Client comments about personal strengths

XII. Interviewer Ratings

1. Time assessment ended

2. Interviewer ratings

Appendix A: KDC-AIA Paper Version

A paper version of the **KDC-AIA (Kentucky Drug Court Adolescent Intake Assessment)** is located in the side sleeve of the packet folder.

Appendix B: POSIT Scoring Sheets

POSIT Scoring Sheets are located in the side sleeve of the packet folder.

Appendix C:

KDC-AIA Parent/Guardian Questionnaire

KDC-AIA Parent/Guardian Questionnaire is located in the side sleeve of the packet folder.

Appendix D: POSIP Scoring Sheets

POSIP Scoring Sheets are located in the side sleeve of the packet folder.